

Enclosed is my gift to the Ophelia Kirwan Fund for Down Syndrome Research:

- | | | | |
|-----------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> Other |
| <input type="checkbox"/> \$4,000,000 Endow a Professorship | | | <input type="checkbox"/> \$10,000,000 Name a Laboratory |
| <input type="checkbox"/> \$75,000,000 Name the Neuroscience Institute at Stanford | | | |

Name

Address

City

State

Zip

Phone

E-mail

I am making my gift by:

- | | | |
|--------------------------------|-------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | <input type="checkbox"/> Securities (Please call 650-724-5733) |

Please make check payable to: Lucile Packard Foundation for Children's Health (LPFCH)

Account Number: _____ Exp. Date _____

Authorized Signature: _____

My gift will be matched by my employer: _____
Please enclose matching gift form.

This contribution is:

In memory of: _____

In honor of: _____

Please send notification of my contribution to: (no amount is mentioned)

Name

Address

City

State

Zip

I would like to receive information about:

- Corporate gifts in support of the Ophelia Kirwan Fund
- Endowed gifts in support of the Ophelia Kirwan Fund
- Bequests and other planned gifts
- Monthly giving

If you have any questions, please contact Denise Ellestad at (650) 724-5733 or denise.ellestad@lpfch.org

Please send form to:

Lucile Packard Foundation for Children's Health, 400 Hamilton Ave., Suite 340, Palo Alto, CA 94301
Attn: Denise Ellestad