



Pediatric Inflammatory Bowel Disease Center

Make a Gift

To make a gift to the Pediatric IBD Center at Cedars-Sinai Medical Center, please print this form and mail it to us with your tax-deductible gift, made payable to **Cedars-Sinai Medical Center**, and note *Pediatric Inflammatory Bowel Disease Center* in the memo line. You can also mail or fax this form to us with your credit card information. All gifts are made in US dollars and should be mailed or faxed to:

Pediatric Inflammatory Bowel Disease Center
8700 Beverly Boulevard, Suite 1165W
Los Angeles, CA 90048
Attention: Shonya Stein
Fax: (310) 317-7714

* Indicates required information

* Please check one:

Enclosed is a check in the amount of \$ _____
(Made payable to Cedars-Sinai Medical Center, and note Pediatric Inflammatory Bowel Disease Center

Please charge \$ _____ to the following credit card:

American Express Visa Mastercard

Card Number: _____ Exp Date: ____ / ____

Name as it appears on credit card: _____

Signature *(I authorize CSMC to debit my credit card account):* _____

* Name: _____

* Address: _____

* City: _____

* State: _____ * Zip Code: _____ * Country: _____

* Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

E-mail: _____

All contributions may be acknowledged to the person or family you designate. The amount of your contribution will not be disclosed.

This gift is being made in honor of: _____

This gift is being made in memory of: _____

Send notification card to: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Please be sure to retain a copy of this form for your own records
Social Services permit on file at Cedars-Sinai Medical Center Tax ID # 95-1644600N

For more information please contact Shonya Stein

E: shonya.stein@cshs.org | **P:** (310) 423-3740 | **F:** (310) 317-7714