How You Can Help the UCLA/Orthopaedic Hospital
Department of Orthopaedic Surgery

The Department of Orthopaedic Surgery in the David Geffen School of Medicine at UCLA is providing the highest level of care to patients in the Southern California community and beyond.

The Department is dedicated to administering expert inpatient and outpatient treatment for all pediatric and adult musculoskeletal injuries and diseases. It is internationally-renowned for its work in joint replacement; sports medicine; spine, foot and ankle care; oncology; hand surgery; and more. Its basic-science and translational research focuses on cartilage and disc regeneration, fracture healing, biology and molecular biology, biomechanics, bioengineering, and musculoskeletal development. Moreover, the Department educates and trains the next generation of global leaders in orthopaedic surgery.

To continue as a leader, the Department depends heavily on donor support. Private contributions are vital to the maintenance of daily operations, to the expansion of much-needed services, and to the ability to stay at the forefront of medical breakthroughs.

By giving to Orthopaedic Surgery at UCLA, you will enable the experts to advance research and educational efforts, refine existing therapies, and develop innovative new treatments.

All gifts play an important part in fostering the Department’s mission. Your support is greatly appreciated!

To donate online, please visit: giving.ucla.edu/orthopaedicsurgery

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<tr>
<th>Donation Levels</th>
<th>Amount</th>
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<td>Premier:</td>
<td>$10,000 and above</td>
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<td>Benefactor:</td>
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<td>Diamond:</td>
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See Reverse for Pledge Form.
I/We would like to support UCLA/Orthopaedic Hospital – Department of Orthopaedic Surgery.
Please designate a tax-deductible gift to the in the amount of:
$25,000 ☐ $10,000 ☐ $5,000 ☐ $1,000 ☐ $500 ☐ $100 ☐ $50 ☐ $________

Please designate my/our gift to a specific fund:
☐ Chairman's Priorities, #619740 ☐ Resident Education Fund, #624920 ☐ Fellowship Education Fund, #624910

If you would like to make your gift over time (for gifts of more than $25,000), please check one from each of the following categories:

I wish to pay my gift in installments (Select one): ☐ Included ☐ To be made ________ (mo./yr.) $________

Payment schedule (Select one):
☐ 4 consecutive monthly payments ☐ 4 quarterly payments
☐ 2 semi-annual payments ☐ one-time payment on ________ (mo./yr.)

☐ For my convenience, please automatically deduct my pledge payments on the 15th of the month(s) in accordance with the payment schedule above from my selected credit card.

☐ Automatic Payment Plan Agreement: I hereby authorize The UCLA Foundation (Company ID#95-2250801) to initiate monthly debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated credit card account. This authority is to remain in effect until the balance has been fulfilled or until the Bank receives written notification from me of its termination in such time and in such manner to afford the Bank reasonable opportunity to act.

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• Please make checks payable to The UCLA Foundation.

• Please charge my credit card (check one): ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

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Additional ways to give:
☐ Matching Gift: In addition to my personal gift, I have enclosed a matching gift form.
☐ Estate Plan: Please send me information on how I can include UCLA in my estate plan.
☐ Securities: I will contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

Please submit this form with your contribution to: UCLA Health Sciences Development, 10945 Le Conte Avenue, Suite 3132, Los Angeles, CA 90095-7184, Attn: Kathleen Lago

Please review UCLA’s and The UCLA Foundation’s Disclosure Statements for Prospective Donors at www.uclafoundation.org/disclosures or contact Kathleen Lago, Director of Development, at (310) 206-3079.