



I want to make a gift of \$ \_\_\_\_\_ to the  
LSU Health Excellence Fund  
Center for Advanced Learning and Simulations (CALs)  
LSU LCMC Cancer Center  
School of  
Department of  
Other

This is a one-time gift.

This is a recurring gift.  
Frequency of payments:  
Monthly                      Twice a Year  
Quarterly                      Yearly  
Ongoing installments of \$ \_\_\_\_\_

**Matching Gifts**

I anticipate my gift will be matched by \_\_\_\_\_.  
Company Name

**Donor Information**

\_\_\_\_\_  
Prefix  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip  
\_\_\_\_\_  
Phone Number

**Spouse /Partner Information**

\_\_\_\_\_  
Prefix  
\_\_\_\_\_  
Spouse/Partner Name  
\_\_\_\_\_  
Email Address

**Payment Method**

Cash                      Check

Mail check payable to the LSU Health Foundation, with the fund of your choice written in the memo line, to LSU Health Foundation, 2000 Tulane Ave., 4<sup>th</sup> Floor, New Orleans, LA 70112.