



The leading diagnostic and education center for young children with hearing loss

I am pleased to support John Tracy Clinic. Enclosed is my gift of \$ _____ (Please print clearly)

Mr. Mrs. Miss Dr. Other _____ This gift is a (check one) Personal Gift Business Gift

NAME ADDRESS CITY STATE ZIP HOME PHONE CELL PHONE BUSINESS PHONE E-MAIL ADDRESS BUSINESS NAME (IF APPLICABLE) BUSINESS ADDRESS CITY STATE ZIP BUSINESS PHONE BUSINESS E-MAIL ADDRESS

Name(s) as they should appear in publications: _____

Enclosed is a check for \$ _____ made payable to John Tracy Clinic. Please charge \$ _____ to my MasterCard VISA American Express

CREDIT CARD NUMBER EXP DATE CCV# NAME AS IT APPEARS ON CARD SIGNATURE Please process the enclosed form for my/my spouse's company's matching gift program. I have included John Tracy Clinic in my will/living trust.

This gift is made: In honor of In memory of (full name): _____

Please send a memorial/tribute card (with no amount mentioned) to: NAME ADDRESS CITY STATE ZIP

Has anyone in your family received services from John Tracy Clinic? No Yes: Child Grandchild Self Other: _____

Please send me information on special giving opportunities at John Tracy Clinic: Establishing a fund in my/my family's name Receiving lifetime income from my gift Making a gift of securities/stock Making a gift of real estate Including John Tracy Clinic in my will/living trust Please remove me from your mailing list.

Make a gift online at www.jtc.org JTC Tax ID # 95-1642393. All contributions are tax-deductible to the full extent allowed by law and are acknowledged by written receipt. Fiscal year: September 1 – August 31. John Tracy Clinic respects your privacy; we do not rent or sell your personal information to anyone.

For more information, please call the development office at 213.748.5481, send us an e-mail: web@jtc.org

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