

**WOMEN'S OPPORTUNITIES CENTER  
UNIVERSITY OF CALIFORNIA, IRVINE EXTENSION**

\_\_\_\_\_ Yes, I want to donate to the University of California Irvine Extension Women's Opportunities Center.

Company Name: \_\_\_\_\_

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City, State, Zip Code: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_

Gift is in the amount of: \$ \_\_\_\_\_

- Please make check payable to **The UCI Foundation**.
- Charge \$ \_\_\_\_\_ to: \_\_ Visa \_\_ MasterCard \_\_ American Express \_\_ Discover

\_\_\_\_\_  
*Card Number*

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*Expiration Date*

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*Card Member Name*

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*Signature*

Your 100% tax-deductible gift should be payable to **The UCI Foundation** and mailed to:

Women's Opportunities Center  
UC Irvine Extension  
PO Box 6050  
Irvine, CA 92616-6050