



DR. ROSITA LEONG MINI-MEDICAL SCHOOL GIFT FORM

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\$ _____ **Mini-Medical School Fund #126-6390-4**

Donations can also be made to related programs

\$ _____ Department of Geriatric Medicine - Geriatric Education and Research Fund #126-6070-4

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\$ _____ UH Cancer Center General Cancer Research Fund #123-8850-4

\$ _____ **Total Amount**

Checks made payable to **UH Foundation**.

(If mailing, please send to: 651 Ilalo Street, MEB 4th floor, Honolulu, HI 96813, c/o Special Events)

Donations can also be made online at: <https://giving.uhfoundation.org/funds/12663904?appealCode=25MD4>

Signature _____ Date: _____