



JSEI AFFILIATES

Dr Teddy MD Sponsorship Form

Enclosed is my check payable to the JSEI Affiliates to support JSEI's *Make Surgery Bearable* Program. I understand that each \$10 donation will provide a plush Dr Teddy MD teddy bear to a future Jules Stein Eye Institute pediatric patient.

_____ Number of Dr Teddy MD Sponsorships - \$10.00 each

_____ Total Amount Enclosed

Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

E-Mail Address _____

If your gift is a tribute gift, please tell us the name of who you would like to honor and provide us with their mailing information so we can mail them a special acknowledgement card notifying them of the sponsorship of a Dr Teddy MD 'bearing' their name!

This tribute gift honors _____

Their mailing information is:

Name _____

Address _____

City/State/Zip _____

Please attach your check and return the sponsorship form to:

JSEI Affiliates *Make Surgery Bearable* Program

100 Stein Plaza Rm. 1-124, UCLA,

Los Angeles, California 90095-7000

Tel 310.825.4148

Fax 310.794.1665, www.jseiassociates.com

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