

If you would like to make a donation to the Psychological Trauma Center please print this form and mail or fax to:



Psychological Trauma Center  
8730 Alden Drive C212  
Los Angeles, CA 90048  
Fax (310) 423-1081

Please send a tribute:

In Honor of:       Birthday     Anniversary     Other *or*

In Memory of:

Please send acknowledgement of this tribute to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please say the tribute is from:

\_\_\_\_\_

**I would like to help “Share and Care” reach more children with my donation:**

\$25       \$50       \$100       \$250       \$500       other

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Method of Payment:     Check                       MasterCard               Visa

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please make your check payable to: **Psychological Trauma Center**

Psychological Trauma Center is a non-profit tax exempt organization that is affiliated with Cedars-Sinai Medical Center.