



**\*Must be a California Resident to apply**

**Giving Hope  
Application**

**Today's Date:** \_\_\_\_\_ **MPI:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Partners First name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code: -**

**Phone:** \_\_\_\_\_

**Requesting Services:**

- IVF                       IVF/Donor                       ICSI (additional fee applies)

**Please attach a copy of the following documents:**

- Drivers Licenses for both participants or other photo ID**
- Tax returns for both participants if filing separately**  
**Please provide pages 1 and 2 of the past 2 years of your federal tax return.**  
This information will be used to verify gross annual income only.

Please mail the 1<sup>st</sup> and 2<sup>nd</sup> page of your last 2 years of tax returns along with a copy of a check or bank statement matching the tax return tax due or a check or bank statement matching the refund due for each year.

Mail to:  
Reproductive Science Center  
100 Park Pl. Ste 200  
San Ramon, CA 94583  
Attn: Giving Hope Committee/Confidential

After we receive all the financial information for your application, we will begin to process your application. A determination on most applications will be made in 4

weeks. If you have any questions regarding this application please call your assigned Financial Counselor.

We attest that all the information supplied in this application is true and correct. If RSC finds any information in this application to be false, we understand that our participation will be terminated.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_