

Giving to Vanderbilt University Medical Center

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| <p>I would like to make a gift in support of:</p> | <p>I would like to support the following area(s) of the Medical Center, with the amount indicated:</p> <p><input type="checkbox"/> Vanderbilt Medical Fund \$ _____</p> <p><input type="checkbox"/> Monroe Carell Jr. Children's Hospital at Vanderbilt \$ _____</p> <p><input type="checkbox"/> Vanderbilt-Ingram Cancer Center \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p><i>An annual contribution of \$2,500 or more is recognized with membership in the Canby Robinson Society. For gifts of \$25,000 and up, you will be contacted for additional information.</i></p> |
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| <p>Make a pledge:</p> | <p>I would like to pay my pledge on the following schedule:</p> <p>Amount: \$ _____ July 2016–June 2017 Match Amount: \$ _____</p> <p>Amount: \$ _____ July 2017–June 2018 Match Amount: \$ _____</p> <p>Amount: \$ _____ July 2018–June 2019 Match Amount: \$ _____</p> <p>Amount: \$ _____ July 2019–June 2020 Match Amount: \$ _____</p> <p>Amount: \$ _____ July 2020–June 2021 Match Amount: \$ _____</p> <p>Matching gift provided by (company name) _____</p> <p>Enclosed is my first pledge payment of \$ _____</p> <p>Please send an annual pledge reminder in the month of _____</p> |
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| <p>Ways to give:</p> | <p><input type="checkbox"/> Check (<i>Make payable to Vanderbilt University Medical Center and designate gift in the memo line</i>)</p> <p><input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p style="margin-left: 20px;"><input type="checkbox"/> One-time charge: \$ _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> First pledge payment: \$ _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Monthly payment: \$ _____ for _____ months*</p> <p style="margin-left: 20px;"><i>*Credit card pledges may extend for up to 12 months.</i></p> <p style="margin-left: 20px;"><i>Multiple-year pledges will be mailed a reminder for second and subsequent years.</i></p> <p>Card Number: _____ Exp. Date: _____</p> <p>Card Holder's Name: _____</p> <p>Card Holder's Signature: _____</p> <p><input type="checkbox"/> Stock Transfer (<i>Gift and Donor Services - (855)-521-9827 or VUMCGiftDonorServices@vanderbilt.edu</i>)</p> <p><input type="checkbox"/> I have included Vanderbilt University Medical Center in my estate plans.</p> |
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| <p>Your contact information:</p> | <p>Name: _____</p> <p>Employer: _____</p> <p>Address (<input type="checkbox"/> Home <input type="checkbox"/> Business): _____</p> <p>City/State/Zip: _____</p> <p>Email: _____</p> <p>Phone: _____</p> |
| <p>Don't forget to sign:</p> | <p>Signature (required): _____ Date: _____</p> |

VANDERBILT UNIVERSITY MEDICAL CENTER

Mail to:

Vanderbilt University Medical Center Gift and Donor Services
 2525 West End Avenue, Suite 450
 Nashville, TN 37203-1761

Questions? (855) 521-9827 or VUMCGiftDonorServices@Vanderbilt.edu

Thank you for your caring support of
 Vanderbilt University Medical Center.
 Every gift in every amount makes a difference.

