

Giving to Vanderbilt University School of Medicine

I would like to make a gift or pledge in the amount of:	\$ _____ <i>The John E. Chapman, M.D. Society recognizes donors who make gifts of at least \$2,500 annually to the School of Medicine. Alumni who are within 10 years of graduation are eligible to join with a \$1,000 gift.</i> <input type="checkbox"/> I would like to support the following area(s), with the amount indicated for each: _____ \$ _____ _____ \$ _____ <i>Note: For gifts or pledges of \$25,000 and up, you will be contacted for additional information.</i>
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I would like to make a pledge:	I would like to pay my pledge on the following schedule: Amount: _____ July 2016–June 2017 Match amount: _____ Amount: _____ July 2017–June 2018 Match amount: _____ Amount: _____ July 2018–June 2019 Match amount: _____ Amount: _____ July 2019–June 2020 Match amount: _____ Amount: _____ July 2020–June 2021 Match amount: _____ Matching gift provided by (company name) _____ Enclosed is my first pledge payment of \$ _____ Please send an annual pledge reminder in the month of _____
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Ways to give	<input type="checkbox"/> Check: Make payable to Vanderbilt University and designate your gift in the memo line. <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> One-time charge (\$ _____) <input type="checkbox"/> First pledge payment (\$ _____) <input type="checkbox"/> Monthly payment (\$ _____ for _____ months*) <i>*Credit card pledges may extend for up to 12 months.</i> <i>Multiple year pledges will be mailed a reminder for second and subsequent years.</i> Card number: _____ Exp. date: _____ Card holder's name: _____ Card holder's signature: _____ <input type="checkbox"/> Stock transfer: <i>Contact Gift and Donor Services at (615) 875-1155 or stockgifts@vanderbilt.edu.</i> <input type="checkbox"/> I have included Vanderbilt in my estate plans. <input type="checkbox"/> Please send me information about including Vanderbilt in my estate plans.
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My contact information	Name: _____ Employer: _____ Address (<input type="checkbox"/> Home <input type="checkbox"/> Business): _____ City/State/ZIP: _____ Email: _____ Phone: _____
Don't forget to sign	Signature (required): _____ Date: _____



SCHOOL OF MEDICINE
 VANDERBILT UNIVERSITY®

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Thank you for your gift and your commitment to Vanderbilt. Wherever you direct your support—students, faculty or research—every gift in every amount makes a lasting impact.

