

Office of Institutional Advancement/UNTHSC Foundation 3500 Camp Bowie Blvd. EAD802 Fort Worth, Texas 76107-2699 Phone 817-735-5111 Fax 817-735-0313 giving@hsc.unt.edu

Gift Form

Complete this form and mail or fax it to the address above.

The Office of Institutional Advancement is open Monday through Friday, 8 am to 5 pm, should you need assistance. Thank you for your gift!

| Please apply my tax-deductible gift of \$5,000 \$1,000 \$500 \$500 \$100 \$100 \$100 \$100 \$100 \$ | | |
|--|-------------|-----|
| ☐ Other: | | |
| Name(s) | | |
| Home Address | | |
| City | | |
| Home Phone | | |
| Employer/Business Name | | |
| Your title/position | | |
| Address | | |
| City | | ZIP |
| Work Phone | | |
| ☐ I prefer to be contacted at ☐ Home ☐ Work | | |
| ☐ In UNTHSC publications acknowledging my/our gift, please list me/us as follows: | | |
| | | |
| ☐ I am an alumnus/alumna Degree(s) earned and Year(s) earned | | |
| ☐ My or my spouse's employer will match my gift. Employer Name | | |
| The matching gift form is \square enclosed \square forthcoming | | |
| ☐ This is a tribute gift ☐ in memory of ☐ in honor of | | |
| Please send an acknowledgment to | | |
| Name | | |
| Address | | |
| ☐ Enclosed is my check made payable to the UNTHSC Foundation. | | |
| ☐ Please charge ☐ VISA ☐ MasterCard # | | |
| Name as it appears on the card | | |
| | e Exp. Date | |
| Tell me about | | |
| ☐ The President's Cabinet ☐ Bequests ☐ Estate and Retirement Planning ☐ Gift Annuities ☐ Charitable Trusts | | |
| ☐ Other | | |
| ☐ I have already included UNTHSC in my will. | | |