



Office of Institutional Advancement / UNTHSC Foundation
 3500 Camp Bowie Blvd. EAD 802
 Fort Worth, Texas 76107-2699
 Phone: 817-735-2445 or Toll Free: 800-687-7580

Thank you for giving a gift to the UNT Health Science Center!
Please submit this completed form to the address above or by fax at 817-735-0313.

I would like to apply my tax-deductible gift to the following:

- The Fund for Excellence (supporting the needs of UNTHSC's educational, clinical and research programs)
- Student Scholarships for:
 - Texas College of Osteopathic Medicine
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- Annual Funds (please circle one: TCOM, GSBS, SPH, SHP...etc)
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I am a (TCOM, SPH, GSBS, SPH, PA) alumni. Degree & year earned: _____
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Payment Options: *We would be happy to process your credit card gift by phone. Please call our front desk at 817-735-2445.

I would like to donate \$ _____ (\$1, \$5, \$10, \$25, \$100....) today:

Enclosed is my check made payable to the **UNTHSC /TCOM Foundation**.

Please charge my VISA MC Discover AMEX

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I would like to make a pledge: Yearly Quarterly Monthly in payments of \$ _____

over the next _____ year(s) for a total donation of \$ _____ beginning on: ___ / ___ / ___ (MM/DD/YY)

I will make my payments by check. Please send reminders to me at the address above.

Please charge the payments to my: VISA MC Discover AMEX

Card # _____ Exp. Date _____
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