



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

*Thank you!*

## Gift Form

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 in the amount of \$\_\_\_\_\_ to:

- The Fund for Excellence (supporting the needs of UNTHSC's educational, clinical and research programs)
- Student Scholarships for:
  - Texas College of Osteopathic Medicine
  - Graduate School of Biomedical Sciences
  - School of Public Health
  - Department of Physician Assistant Studies
  - School of Health Professions
- Annual Funds (please circle one: TCOM, GSBS, SPH, PA)
- Other specific designation: \_\_\_\_\_
- Gift in memory of;  Gift in honor of \_\_\_\_\_

Please send an acknowledgment to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Contact Information:** (I prefer to be contacted at  home  work.)

Name(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer/Business Name \_\_\_\_\_  
 Your title/position \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I am a (TCOM, SPH, GSBS, PA) alumni. Degree & year earned: \_\_\_\_\_  
 Additional UNTHSC degrees: \_\_\_\_\_

**Payment:** \*We would be happy to process your credit card gift by phone. Please call our front desk at 817-735-2445.

- Enclosed is my check made payable to the **UNTHSC Foundation**.
  - Please charge my  VISA  MasterCard  Discover  AMEX # \_\_\_\_\_
    - for the full amount
    - in 4 quarterly installments of \$ \_\_\_\_\_
    - in 12 monthly installments of \$ \_\_\_\_\_
- Name as it appears on the card \_\_\_\_\_  
 Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_