



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 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
 - 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:
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Contact Information:

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

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

Card # _____ Exp. Date _____
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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 _____
 Name on card _____ Signature _____