

Giving to Vanderbilt University Medical Center

I would like to make a gift in support of:	<p>I would like to support the following area(s) of the Medical Center, with the amount indicated:</p> <table><tr><td><input type="checkbox"/> Greatest needs at the Medical Center</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Monroe Carell Jr. Children's Hospital at Vanderbilt</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Vanderbilt-Ingram Cancer Center</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Other <u>Tennessee Center for AIDS Research</u></td><td>\$ _____</td></tr></table> <p><i>An annual contribution of \$2,500 or more is recognized with membership in the Canby Robinson Society. For gifts of \$25,000 and up, you will be contacted for additional information.</i></p>	<input type="checkbox"/> Greatest needs at the Medical Center	\$ _____	<input type="checkbox"/> Monroe Carell Jr. Children's Hospital at Vanderbilt	\$ _____	<input type="checkbox"/> Vanderbilt-Ingram Cancer Center	\$ _____	<input type="checkbox"/> Other <u>Tennessee Center for AIDS Research</u>	\$ _____
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<input type="checkbox"/> Vanderbilt-Ingram Cancer Center	\$ _____								
<input type="checkbox"/> Other <u>Tennessee Center for AIDS Research</u>	\$ _____								

Make a pledge:	<p>I would like to pay my pledge on the following schedule:</p> <table><tr><td>Amount: \$ _____</td><td>July 2018–June 2019</td></tr><tr><td>Amount: \$ _____</td><td>July 2019–June 2020</td></tr><tr><td>Amount: \$ _____</td><td>July 2020–June 2021</td></tr><tr><td>Amount: \$ _____</td><td>July 2021–June 2022</td></tr><tr><td>Amount: \$ _____</td><td>July 2022–June 2023</td></tr></table> <p>Enclosed is my first pledge payment of \$ _____</p> <p><i>Please notify us if your employer provides matching gifts.</i></p>	Amount: \$ _____	July 2018–June 2019	Amount: \$ _____	July 2019–June 2020	Amount: \$ _____	July 2020–June 2021	Amount: \$ _____	July 2021–June 2022	Amount: \$ _____	July 2022–June 2023
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Ways to give:	<p><input type="checkbox"/> Check (<i>Make payable to Vanderbilt University Medical Center and designate gift in the memo line</i>)</p> <p><input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p><input type="checkbox"/> One-time charge: \$ _____</p> <p><input type="checkbox"/> First pledge payment: \$ _____</p> <p><input type="checkbox"/> Monthly payment: \$ _____ for _____ months*</p> <p><i>*Credit card pledges may extend for up to 12 months.</i></p> <p><i>Multiple-year pledges will be mailed a reminder for second and subsequent years.</i></p> <p>Card Number: _____ Exp. Date: _____</p> <p>Card Holder's Name: _____</p> <p>Card Holder's Signature: _____</p> <p><input type="checkbox"/> Stock Transfer (<i>Gift and Donor Services - (800) 288-0028 or donorservices@vumc.org</i>)</p> <p><input type="checkbox"/> I have included Vanderbilt University Medical Center in my will.</p>
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Your contact information:	<p>Name: _____</p> <p>Address (<input type="checkbox"/> Home <input type="checkbox"/> Business): _____</p> <p>City/State/Zip: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
Don't forget to sign:	<p>Signature (required): _____ Date: _____</p>

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Mail to:
Vanderbilt University Medical Center Gift and Donor Services
3322 West End Avenue, Suite 900
Nashville, TN 37203-1197

Questions? (800) 288-0028 or donorservices@vumc.org.

Thank you for your caring support of
Vanderbilt University Medical Center.
Every gift in every amount makes a difference.

