



DONOR GIFT FORM

Please print

Donor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Email Address: \_\_\_\_\_

GIFT INFORMATION

My gift of \$\_\_\_\_\_ is designated to support \_\_\_\_\_

Check: A check (made payable to Baylor College of Medicine) for the full amount of my gift is enclosed and will be mailed to: Office of Institutional Advancement and Alumni Affairs, P.O. Box 4976, Houston, TX 77210.

Charge: I will make a secure, online credit card payment at www.bcm.edu/give

Pledge: My gift of \$\_\_\_\_\_ will be paid with  monthly  quarterly  annual installments of \$\_\_\_\_\_, beginning on \_\_\_\_\_ (date). By signing below, I pledge the amount indicated above.

Signature (required for pledge commitment) \_\_\_\_\_

Date \_\_\_\_\_

Please contact me about:  a deferred or non-cash gift  a gift with appreciated stock

HONOR/MEMORIAL GIFTS

This gift is made  in honor of:  in memory of:  as a grateful patient of:

Name: \_\_\_\_\_

Please notify the following of my honor/memorial gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MATCHING GIFTS

My gift will be matched by: (Please specify company name below and attach your company's matching gift form.)

\_\_\_\_\_

Please call 713.798.4714 or send an email to optout-development@bcm.edu if you no longer wish to receive our fundraising communications.

Baylor College of Medicine Office of Institutional Advancement and Alumni Affairs

P.O. Box 4976 • Houston, Texas 77210

Phone: 713.798.4714 • Fax: 713.798.3344 • For more information: www.bcm.edu/giving

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