



DONOR GIFT

Donor Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Email Address: \_\_\_\_\_

GIFT INFORMATION

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

Check: 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, MSC #800, P.O. Box Houston, TX 77210.

Charge: I would like a secure, online credit card payment at [www.givebmf.org/donate](http://www.givebmf.org/donate)

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 to pledge commitment) \_\_\_\_\_ Date \_\_\_\_\_

Please contact me \_\_\_\_\_ a deferred or non-cash gift \_\_\_\_\_ a gift with appreciated stock

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

Please notify the following \_\_\_\_\_ non-/memorial gift:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MATCHING GIFTS

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