

MAKE A DONATION

DONATION AMOUNT: \$ _____

I would like to automatically repeat my gift every month.

Please designate my gift to this fund: _____

PAYMENT OPTIONS

- My check is enclosed, payable to UMMS Foundation.
 Please charge my credit card: Visa MasterCard American Express Discover

NAME ON CREDIT CARD _____ CREDIT CARD NUMBER _____

EXPIRATION DATE _____ 3-DIGIT SVN CODE OR 4-DIGIT FOR AMEX (ON BACK OF CARD) _____ BUSINESS CREDIT CARD PERSONAL CREDIT CARD

DONOR INFORMATION

TITLE _____ FIRST NAME _____ LAST NAME _____ SUFFIX _____

JOINT GIFT NAME (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL HOME BUSINESS

EMAIL _____

My employer, _____, will match my gift. (Please be sure your employer completes the required paperwork to ensure a match.)

Is this a tribute gift? in honor of in memory of Honoree name: _____

We are happy to notify the honoree/family of the memorialized of your generosity. Please provide the appropriate contact information and any special message below.

Name of individual/family you would like to notify of your gift: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MESSAGE _____

THANK YOU FOR YOUR SUPPORT!

**PLEASE MAIL TO:
UMMS Foundation
P.O. Box 64573
Baltimore, MD 21264-4573**

We deeply appreciate your support. If you prefer not to receive fundraising communications from UMMS Foundation, please call 410-328-5770 and we will remove you from our list.