



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 will make a secure, online credit card payment at www.givebmf.org/donate

Pledge: I will pledge of \$ _____ which 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.)
