

Emory Annual Fund

815 Houston Mill Road Atlanta, Georgia 30322 404.727.6200 www.alumni.emory.edu

☐ YES , I want to help the Emory Annual Fund raise critical funds for Emory University's schools and colleges. That's why I have enclosed my gift to the Emory Annual Fund in the amount of:								
□ \$100	□ \$250	□ \$500	□ \$1000	□ \$2500	□ Other			
Name					☐ I would like to pledge this amount to be paid before August 31.			
Address					(Please complete the payment schedule on the reverse side to indicate when we should			
City			State	Zip	remind you of your pledge.)			
Please cr	edit my gi	ift to:						
Allied Health	\$			Nursing School	\$			
Business Sch	nool \$			Oxford College	\$			
Dentistry	\$			Public Health	\$			
Emory Colleg	e \$			Theology School	\$			
Graduate Sch	nool \$			General University	\$			
Law School	\$			Other	\$			
Libraries	\$			Please Specify				
Medical Scho	ool \$							
☐ I have enclosed a check for \$				$_{\scriptscriptstyle \perp}$ payable to Emory U	niversity.			

To charge your gift or utilize other payment options, please see the reverse side of this form. The fiscal year begins September 1 and ends August 31. Please send your gift by August 31 to ensure listing in the annual Donor Report. Gifts are tax-deductible to the extent provided by law.

Please Remit to:
Alumni & Development Records
Emory University
1762 Clifton Rd. NE
Atlanta GA 20222 4001

Atlanta, GA 30322-4001 404.727.8774 eurec@emory.edu

☐ I prefer to charge my gift to my credit card. Please enter your number below or visit our webs https://www.alumni.emory.edu/supportemory/gift. ○ Mastercard® ○ Visa® V/SA	☐ I wish to make my gift by direct electronic funds transfer (EFT) from my checking or savings account. (You will be mailed an authorization form.)		
Card Number			
Expiration Date			
Signature (required)	Please send me information about:		
MATCHING GIFT PROGRAM If you work for a company that matches gifts to double or triple the value of your contribution by matching gift procedures. Many companies may retirees, and surviving spouses of retirees in ad employees. Please contact your personnel or he eligibility information and to obtain a matching of the surviving spouses.	 □ Gifts that pay me income (Charitable Trusts and Annuities) □ Gifts of Appreciated Assets including Stocks & Real Estate □ Creating a Named Scholarship or other Endowment at Emory □ Including Emory in my Will or Trust □ Other ways to give to Emory □ Emory is already part of my estate plan 		
PLEDGE PAYMENT SCHEDULE Please enter the amount of your personal gift, not including matching funds.	· ·	s necessary: ur website: http://www.alumni.emory.edu/aea/bio.shtml	
September \$			
October \$	Home Address		
November \$			
December \$ January \$	Home Phone	Home Email	
January	Which is your preferred address?	☐ Home ☐ Business	
March \$	Employer		
April \$			
May \$	little		
June	Business Address		
August \$	City/State/Zip		
Total Pledge \$	Business Phone	Bus. Email	