



**EMORY**

**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  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                                  State                  Zip

I would like to pledge this amount to be paid before August 31.  
*(Please complete the payment schedule on the reverse side to indicate when we should remind you of your pledge.)*

**Please credit my gift to:**

**SCHOOLS**

Allied Health    \$ \_\_\_\_\_  
Business School    \$ \_\_\_\_\_  
Dentistry    \$ \_\_\_\_\_  
Emory College    \$ \_\_\_\_\_  
Graduate School    \$ \_\_\_\_\_  
Law School    \$ \_\_\_\_\_  
Libraries    \$ \_\_\_\_\_  
Medical School    \$ \_\_\_\_\_

Nursing    \$ \_\_\_\_\_  
Oxford College    \$ \_\_\_\_\_  
Public Health    \$ \_\_\_\_\_  
Theology School    \$ \_\_\_\_\_  
General Univ.    \$ \_\_\_\_\_  
Other    \$ \_\_\_\_\_  
Please Specify \_\_\_\_\_

**UNITS**

Athletics & Recreation    \$ \_\_\_\_\_  
Campus Life    \$ \_\_\_\_\_  
Michael C. Carlos Museum    \$ \_\_\_\_\_  
University Hospitals    \$ \_\_\_\_\_  
Winship Cancer Institute    \$ \_\_\_\_\_  
Yerkes Research Center    \$ \_\_\_\_\_

I have enclosed a check for \$ \_\_\_\_\_ payable to Emory University.

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 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 website:  
<https://www.alumni.emory.edu/supportemory/gift.shtml>

Mastercard®   Visa®   American Express® 

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature (required) \_\_\_\_\_

### MATCHING GIFT PROGRAM

If you work for a company that matches gifts to higher education, you can double or triple the value of your contribution by following your employer's matching gift procedures. Many companies match the gifts of spouses, retirees, and surviving spouses of retirees in addition to gifts from current employees. Please contact your personnel or human resources office for eligibility information and to obtain a matching gift form.

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.)*

### Please send me information about:

- 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.

September	\$ _____
October	\$ _____
November	\$ _____
December	\$ _____
January	\$ _____
February	\$ _____
March	\$ _____
April	\$ _____
May	\$ _____
June	\$ _____
July	\$ _____
August	\$ _____
<b>Total Pledge</b>	<b>\$ _____</b>

### Please update your records as necessary:

You may use the section below or use our website: <http://www.alumni.emory.edu/aea/bio.shtml>

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Which is your preferred address?  Home  Business

Employer \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Bus. Email \_\_\_\_\_