

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 a to be paid before August 31.		
Address				(Please complete the payment the reverse side to indicate who		
City	000 124 3 0 000	State	Zip	remind you of your pledge.)		
Please credit my	y gift to:					
SCHOOLS				UNITS		
Allied Health	\$	Nursing	\$	Athletics & Recreation	\$	
Business School	\$	Oxford College	\$	Campus Life	\$	
Dentistry	\$	Public Health	\$	Michael C. Carlos Museum	\$	
Emory College	\$	Theology School	\$	University Hospitals	\$	
Graduate School	\$	General Univ.	\$	Winship Cancer Institute	\$	
Law School	\$	Other	\$	Yerkes Research Center	\$	
Libraries	\$	Please Specify_				
Medical School	\$	□ I have enclose	d 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 Remitto: 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.	I wish to make my gift by direct		
Please enter your number below or visit our websi	electronic funds transfer (EFT) from my		
https://www.alumni.emory.edu/supportemory/gift.s	checking or savings account. (You will be		
O Mastercard® O Visa® VISA	O American Express®	mailed an authorization form.)	
Card Number			
Expiration Date	Please send me information about:		
Signature (required)	Flease sella me imormation about.		
MATCHING GIFT PROGRAM If you work for a company that matches gifts to he double or triple the value of your contribution by matching gift procedures. Many companies materities, and surviving spouses of retirees in additional employees. Please contact your personnel or he eligibility information and to obtain a matching gift.	 □ 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.	You may use the section below or use our	pdate your records as necessary: the section below or use our website: http://www.alumni.emory.edu/aea/bio.shtml	
September \$	Home Address		
October \$			
November \$ December \$ January \$ February \$ March \$	City/State/ZipHome EmailHome Email Which is your preferred address? □ Home □ Business Employer		
April \$			
May \$ June \$ July \$	Title Business Address		
August \$	City/State/Zip		
Total Pledge \$	Business Phone		