


# Giving to Vanderbilt University School of Medicine

I would like to give a gift or pledge in the amount of:	\$ _____ <i>The John E. Chapman, M.D. Society recognizes donors who make gifts of at least \$2,500 annually to the School of Medicine. Alumni who are within 10 years of graduation are eligible to join with a \$1,000 gift.</i>
I would like to support:	<input type="checkbox"/> I would like to support the following area(s), with the amount indicated for each: _____ \$ _____ _____ \$ _____
<i>Note: For gifts or pledges of \$50,000 and up, you will be contacted for additional information.</i>	

Make a pledge:	I would like to pay my pledge on the following schedule: Please note, no pledge should begin more than six months from today's date. Amount: _____ 2022      Match Amount: _____ Amount: _____ 2023      Match Amount: _____ Amount: _____ 2024      Match Amount: _____ Amount: _____ 2025      Match Amount: _____ Amount: _____ 2026      Match Amount: _____ Matching gift provided by (company name) _____ Enclosed is my first pledge payment of \$ _____
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Ways to give:	<input type="checkbox"/> Check: Make payable to Vanderbilt University and designate your gift in the memo line. <input type="checkbox"/> Credit Card: <input type="checkbox"/> \$ _____ one-time charge <input type="checkbox"/> \$ _____ per month for _____ months <input type="checkbox"/> \$ _____ per month until further notice  <b>Due to security compliance regulations, we cannot accept credit card information by fax, email or voicemail. A Gift and Donor Services representative will contact you at the number you list below to securely take your credit card information for payment.</b>  <input type="checkbox"/> Stock Transfer: Contact Gift and Donor Services at (615) 875-1155 or <a href="mailto:stockgifts@vanderbilt.edu">stockgifts@vanderbilt.edu</a> . <input type="checkbox"/> I have included Vanderbilt in my estate plans. <input type="checkbox"/> Please send me information about including Vanderbilt in my estate plans.
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My contact information:	Name: _____ Employer: _____ Address ( <input type="checkbox"/> Home <input type="checkbox"/> Business): _____ City/State/ZIP: _____ Email: _____ Phone: _____
Don't forget to sign:	Signature (required): _____ Date: _____



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SCHOOL OF MEDICINE

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