


# Giving to Vanderbilt University School of Medicine

I would like to make 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> <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 \$25,000 and up, you will be contacted for additional information.</i>
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I would like to make a pledge:	I would like to pay my pledge on the following schedule: Amount: _____ July 2018–June 2019      Match amount: _____ Amount: _____ July 2019–June 2020      Match amount: _____ Amount: _____ July 2020–June 2021      Match amount: _____ Amount: _____ July 2021–June 2022      Match amount: _____ Amount: _____ July 2022–June 2023      Match amount: _____ Matching gift provided by (company name) _____ Enclosed is my first pledge payment of \$ _____ Please send an annual pledge reminder in the month 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"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> \$ _____ one-time charge <input type="checkbox"/> \$ _____ per month for _____ months <input type="checkbox"/> \$ _____ per month until further notice  Card number: _____ Exp. date: _____ Card holder's name: _____ Billing ZIP code: _____ Card holder's Signature: _____ <input type="checkbox"/> Stock Transfer: <i>Contact Gift and Donor Services at (615) 875-1155 or <a href="mailto:stockgifts@vanderbilt.edu">stockgifts@vanderbilt.edu</a>.</i> <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: _____



**VANDERBILT**  
SCHOOL OF MEDICINE

Mail to:  
 Vanderbilt University, Gift and Donor Services  
 PMB 407727, 2301 Vanderbilt Place  
 Nashville, TN 37240-7727  
 Questions? (615) 322-2979 or (800) 288-0082

Thank you for your gift and your commitment to Vanderbilt. Wherever you direct your support—students, faculty or research—every gift in every amount makes a lasting impact.

Proposal # \_\_\_\_\_