

## MAKE A DONATION

**DONATION AMOUNT:** \$ \_\_\_\_\_

I would like to automatically repeat my gift every month.

Please designate my gift to this fund: \_\_\_\_\_

### PAYMENT OPTIONS

- My check is enclosed, payable to UMMS Foundation.  
 Please charge my credit card:  Visa  MasterCard  American Express  Discover

NAME ON CREDIT CARD \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ 3-DIGIT SVN CODE OR 4-DIGIT FOR AMEX (ON BACK OF CARD) \_\_\_\_\_  BUSINESS CREDIT CARD  PERSONAL CREDIT CARD

### DONOR INFORMATION

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

JOINT GIFT NAME (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_  CELL  HOME  BUSINESS

EMAIL \_\_\_\_\_

My employer, \_\_\_\_\_, will match my gift. (Please be sure your employer completes the required paperwork to ensure a match.)

**Is this a tribute gift?**  in honor of  in memory of Honoree name: \_\_\_\_\_

*We are happy to notify the honoree/family of the memorialized of your generosity. Please provide the appropriate contact information and any special message below.*

Name of individual/family you would like to notify of your gift: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MESSAGE \_\_\_\_\_

### THANK YOU FOR YOUR SUPPORT!

**PLEASE MAIL TO:**  
**UMMS Foundation**  
**P.O. Box 64573**  
**Baltimore, MD 21298**

*We deeply appreciate your support. If you prefer not to receive fundraising communications from UMMS Foundation, please call 410-328-5770 and we will remove you from our list.*