

**University of Kentucky College of Medicine
Gift/Pledge Form**

Send gift receipt to (please print):

Name _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____

Yes, I want to support the University of Kentucky College of Medicine.

Enclosed is my gift of \$ _____ to support:

Dean's Opportunity Fund for Scholarship Medical Alumni Student Activities Fund

Medical Alumni Scholarship Fund Research

Other _____

My check, payable to the University of Kentucky, is enclosed.

Please charge my credit card: Visa MasterCard American Express Discover

Card No. _____ Expiration Date _____

Cardholder Name: _____

I wish to make a pledge of \$ _____ payable in annual installments beginning _____ (month/year)

I wish to make a gift of securities. Please contact me to make arrangements.

I am a UK faculty member and wish to make a gift/pledge by payroll deduction for a total gift/pledge of \$ _____. Please send me the payroll deduction card.

Signature

Date

Please mail or fax to:

J. Lindsey Clem

College of Medicine

Office of Alumni and Development

138 Leader Avenue

Lexington, KY 40506-9938

Fax: (859) 323-2039

Phone: (859) 323-1313

jlclcm4@uky.edu

