

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA
FOUNDATION

18 Bee Street, P.O. Box 250450
Charleston, South Carolina 29425
Ph (843) 792-2677; Fax (843) 792-8531

MEMORANDUM

To:

From:

Date:

Subject: Donation to the Medical University of South Carolina Foundation

The enclosed check for \$ _____ from _____
for _____ is delivered herewith and should be deposited in
the _____ Fund of the Medical University of South Carolina
Foundation.

This check represents a gift which has been bestowed voluntarily, without restriction or reservation, and without expectation of any compensation or other consideration such as reports or research results or other research information.

The person responsible for obtaining this donation is _____.
Acknowledgement should be sent to:

(Circle one)

Name: (Dr./Mr./Mrs./Ms.) _____

Title: _____

Company: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

This gift links to a Proposal: Yes No

This gift should be Soft Credited: Yes No If Yes, Soft Credit: _____

This gift is: In Memory of: _____

In Honor of: _____

Acknowledgement is to be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to the Deceased: _____

Note: A donation cannot be accepted by the Foundation without the above information completed in full.

Enclosure: check