



Renal Disease Biomarkers
Center of Economic
Excellence



NAME (please print) _____

ADDRESS _____

METHOD I - PLEDGE GIFT

I pledge a total gift of \$_____ payable over_____ years for The Renal Disease Biomarkers Center of Economic Excellence in the Division of Nephrology. (Please limit pledge to five years.)

Initial gift of \$_____ enclosed. I wish to receive reminders in JAN FEB MAR APR at the above address.

MAY JUNE JULY AUG

Please make checks payable to the MUSC Foundation.

SEPT OCT NOV DEC

I would like to make my gift by credit card: ___VISA___ MASTERCARD___ AMEX

Credit Card # _____ Exp. Date _____

Signature _____

METHOD II - APPRECIATED ASSETS

The approximate value of my stocks/bonds/real estate is/are \$_____.

Please tell me how I can transfer stocks, bonds, real estate to the MUSC Foundation for the Division of Nephrology.

METHOD III - OTHER GIVING OPTIONS

_____ I wish to make a gift through my _____ Will _____ Charitable Trust _____ Life Insurance Policy _____ Other

_____ I wish to make the MUSC Foundation a beneficiary of my Retirement Plan/IRA.

Please provide legal wording so that I can restrict my gift to the MUSC Foundation for the Division of Nephrology of the Department of Medicine.

Contributions to the MUSC Foundation are tax deductible to the fullest extent of the law.

Please forward to:
Jane B. McCullough
Director of Development
Department of Medicine
Medical University of South Carolina
96 Jonathan Lucas Street, Suite 803
Charleston, SC 29425
(843)792-4280
(800)810-6872

SIGNATURE _____ DATE _____