



Center for Inflammation and Fibrosis Research



NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

METHOD I - PLEDGE GIFT

I pledge a total gift of \$\_\_\_\_\_ payable over\_\_\_\_\_ year/s for the Center for Inflammation and Fibrosis Research in the Division of Rheumatology and Immunology. (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 Center for Inflammation and Fibrosis Research in the Division of Rheumatology and Immunology.

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 Center for Inflammation and Fibrosis Research in the Division of Rheumatology and Immunology of the Department of Medicine.

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 \_\_\_\_\_