

Department of Medicine Gift Form
Medical University of South Carolina

NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____ AMOUNT ENCLOSED _____

I'm making a one-time gift by:

Check: *please make check payable to the MUSC Foundation*

Visa MasterCard American Express

Card # _____ Exp. Date ____ / ____ Signature _____

I pledge the sum of \$ _____ over the next ____ years. Please send me reminders in _____ (month/s).

I work for a matching gift company: Matching form enclosed Matching form to be sent with final payment

I'd like my gift to be:

Unrestricted (where it is needed most within the Department of Medicine)

Restricted, designated to benefit the following Division: Cardiology Infectious Diseases Emergency Medicine

Endocrinology Gastroenterology General Internal Medicine Hematology/Oncology Nephrology

Pulmonary & Critical Care Rheumatology

Restricted (please specify) _____

My gift is in honor of _____. My gift is in memory of _____.

Please send notification of this gift to: Name _____

Address _____

City _____ State _____ Zip _____

MUSC/The Department of Medicine have been included in my estate plan through:

My will a trust agreement retirement plan insurance policy other _____.

Please send me information on how to maximize my support through a planned gift.

Life income gifts Bequests Life insurance Retirement plans other _____.

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

Please forward to:

Jane B. McCullough

Medical University of South Carolina

Department of Medicine

MSC 623

Charleston, SC 29425

(843)792-4280

(843)792-5265 (fax)

mcculloj@musc.edu

SIGNATURE _____ DATE _____