



E. Carwile LeRoy, MD Endowed Research Fellowship



NAME (please print) _____
ADDRESS _____

METHOD I - PLEDGE GIFT

I pledge a total gift of \$_____ payable over _____ years for the E. Carwile LeRoy, MD Endowed Research Fellowship 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
SEPT OCT NOV DEC

Please make checks payable to the MUSC Foundation.

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 E. Carwile LeRoy, MD Endowed Research Fellowship 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 a specific amount/percentage of my **Retirement Plan/IRA**.

Please provide legal wording so that I can restrict my gift to the MUSC Foundation for the E. Carwile LeRoy, MD Endowed Research Fellowship 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 _____

***Contributors of \$1,000 or more annually become members of MUSC's Society of 1824.
Contributions are tax deductible to the fullest extent of the law. A tax receipt will be sent to you.**