



Department of Medicine

Medical University of South Carolina
College of Medicine



NAME (please print) _____

ADDRESS _____

METHOD I - PLEDGE GIFT

I pledge a total gift of \$_____ payable over_____ years for the Julius Sagel, M.D. Excellence in Medicine Award. (Please limit pledge to five years.)

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

JAN	FEB	MAR	APR
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 Julius Sagel, M.D. Excellence in Medicine Award.

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 Julius Sagel, M.D. Excellence in Medicine Award.

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 _____