



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 Bruce W. Usher, MD Fellows fund. (Please limit pledge to five years.)

I would like to restrict my gift for _____ within the Bruce W. Usher, MD Fellows fund.

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 Bruce W. Usher, MD Fellows fund.

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 Bruce W. Usher, MD Fellows fund.

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 _____