



SCHOOL OF MEDICINE

Department of Neurology

Please fill out the form below and mail to: Tom Brannan, UAB Department of Neurology, 1720 7th Avenue South, Suite 350, Sparks Center, Birmingham, AL 35294-0017

This commitment to the Department of Neurology as a gift/pledge should be recorded from:

Name(s) _____ Class Year(s) _____

Street/PO Box _____ City _____ State _____ Zip _____

Occasionally we may need to contact you to clarify a question regarding your gift/pledge. Please indicate a telephone number and email address (if available).

Day Telephone Number (_____) _____ Work Home Email Address _____

Purpose for which this gift is intended. *(Checks should be made payable to the UASOM Department of Neurology)*

I/we commit \$ _____ to the S. Richardson Hill Society Where the Department's need is greatest (unrestricted)
(Requires a gift of \$1,000 or more)

Other _____

I/we commit \$750 \$500 \$250 \$100 Other _____

I/we remit \$ _____ now and request that you invoice me/us in the amount of \$ _____ per year
For 1 yr. 2 yrs. 3 yrs.

For contributions by credit card

Contribution \$ _____ Mastercard VISA Discover AMEX Card No. _____ Exp. _____

Name as it appears on the card _____ Signature _____

This gift/pledge is joint individual other _____ Matching gift form enclosed.