

Gift/Pledge Form
C. Glenn Cobbs, MD, Endowed Support Fund

Full Name: _____

Preferred Mailing Address: _____ zip _____

Phone Number: _____ Email address: _____

GIFT OR PLEDGE:

☐ **Enclosed is my tax deductible gift to the UAB C. Glenn Cobbs Endowed Support Fund**

☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: _____

☐ **I/we pledge \$_____ to be paid over a _____ year period (up to 5 years)**

Bill me: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐ Other: _____

METHODS OF PAYMENT:

☐ Check enclosed

☐ Charge this gift/payment to ___ Visa ___ MasterCard ___ AmEx Card # _____

Exp Date: _____ Name as it appears on Card: _____

Billing Address: _____ zip _____

☐ I wish to make my gift with stock or through my estate plan.

Permission to Print Name

☐ You may list my/our names as a donor (OR) ☐ I/we prefer to remain anonymous

Please print name(s) exactly as you wish to be listed: _____

We will inform C. Glenn Cobbs, MD, that you made a gift in his honor. If you would like to make this gift in honor or memory of someone else, please list this designation below:

Signature: _____ Date: _____

Please make checks payable to: UAB C. Glenn Cobbs Endowed Support Fund

Return completed form to:

Megann Bates Cain

BDB 467, 1808 7th Ave South, Birmingham, Alabama 35294-0012

(205) 934-7408, or mbcain@uab.edu

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