



## UAB Department of Medicine Gift/Pledge Form

Your gift to the UAB Department of Medicine may be designated to the division, program or center of your choice.

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Enclosed is my tax-deductible gift to the UAB Department of Medicine.

\$50    \$100    \$250    \$500    \$1,000    Other \$ \_\_\_\_\_

I pledge \$ \_\_\_\_\_ over  one year    two years    three years.

I enclose \$ \_\_\_\_\_ now and request that you invoice me in the month of \_\_\_\_\_.

### Please use my gift for the following division/program/center:

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiovascular Disease                   | <input type="checkbox"/> Gastroenterology and Hepatology     |
| <input type="checkbox"/> Clinical Nutrition and Dietetics         | <input type="checkbox"/> UAB Center for Palliative Care      |
| <input type="checkbox"/> Clinical Immunology and Rheumatology     | <input type="checkbox"/> Minority Health and Research Center |
| <input type="checkbox"/> Developmental and Clinical Immunology    | <input type="checkbox"/> UAB Liver Center                    |
| <input type="checkbox"/> Endocrinology, Diabetes and Metabolism   | <input type="checkbox"/> UAB Center for Aging                |
| <input type="checkbox"/> General Internal Medicine                | <input type="checkbox"/> Genetic and Translational Medicine  |
| <input type="checkbox"/> Gerontology/Geriatrics                   | <input type="checkbox"/> Hematology/Oncology                 |
| <input type="checkbox"/> Human Gene Therapy                       | <input type="checkbox"/> Infectious Diseases                 |
| <input type="checkbox"/> Nephrology                               | <input type="checkbox"/> Preventive Medicine                 |
| <input type="checkbox"/> Pulmonary/Allergy/Critical Care Medicine | <input type="checkbox"/> Other: _____                        |

Not sure? Please call (205) 975-5602 for more information on how to direct your gift.

### Payment Options

Check enclosed, payable to the UAB Department of Medicine

Credit Card:    Visa    MasterCard    American Express    Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

If you wish to use **appreciated securities** to make this gift, or to complete it as part of your **estate plan**, please call Virginia Gilbert Loftin at (205) 975-5602.

Mail completed form to:

Development Office, UAB Department of Medicine  
BDB 487   1530 3rd Avenue South   Birmingham, AL 35294-0012

**Thank you for your support of the UAB Department of Medicine.**