



Please fill out this form and mail to: Kate Tully, UAB Department of Neurology, SC 350E, 1720 Seventh Avenue South, Birmingham, AL 35294-0017

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

Name(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).

Daytime Telephone Number: (____) _____ ☐ Work ☐ Home ☐ Email Address: _____

In Memory Of: _____

Notification of gift to surviving relative(s) should be sent to:

Name(s): _____

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Name(s): _____

Street/PO Box: _____ City: _____ State: _____ Zip: _____

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

☐ I/we commit \$ _____ to the **Alzheimer's Research Fund**

☐ 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.