

UAB Department of Psychiatry and Behavioral Neurobiology

Please fill out the form below and mail to: Kate Tully, UAB Department of Psychiatry,
1720 2nd Avenue South, Suite 360B, Sparks Center, Birmingham, AL 35294-0017

I/we, _____, wish to partner with the UAB
Department of Psychiatry in its unwavering commitment to excellence in the research and
clinical care of psychiatric illnesses and disorders.

PARTNERSHIP THROUGH PHILANTHROPY

- ☐ I/we enclose:
☐ \$25,000 ☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ other amount _____ to the UAB
Department of Psychiatry.
- ☐ I/we enclose:
☐ \$25,000 ☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ other amount _____ now and
request that you send me/us a reminder notice of a commitment for \$ _____ per
year for _____ years in the month of _____ for the support of the UAB
Department of Psychiatry.

For contributions by credit card:

☐ MasterCard ☐ VISA ☐ Amex ☐ Discover Amount \$ _____
Name as it appears on card _____
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PARTNERSHIP THROUGH SERVICE

- ☐ I/we would like to learn more about how I/we can help in our community with fundraising
events, support groups and patient-family symposiums.

Name (s) _____
Street/ P.O. Box _____
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Phone _____ E-mail _____