

## UAB Department of Psychiatry and Behavioral Neurobiology

Please fill out the form below and mail to: Eve Rhea, UAB Department of Psychiatry,  
1720 7<sup>th</sup> Avenue South, Suite 560, 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 \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_

### **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 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_