

Dr. Richard Thompson Memorial Endowed Scholarship

Name(s) _____
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Daytime phone number _____ Email _____

Please select one of the following giving options:

- My gift of \$ _____ is enclosed (cash, check payable to UAB SHP, or credit card).
- I pledge \$ _____ to be paid over: 1 year 2 years 3 years 4 years 5 years.
 - Send me a pledge reminder each year during the month of _____ beginning in _____ (year).
 - Auto-deduct from my card for \$ _____ /month beginning _____.

I am interested in making a gift of stock. Contact me at _____ to discuss options.
I am interested in making a planned gift. Contact me at _____ to discuss options.

For contributions by credit card

MC Visa Discover American Express
Card Number _____
Exp. Date _____ Amount \$ _____
Name on card _____

Return form to:

Leann Pelliccio, UAB School of Health Professions
SHPB 667, 1720 2nd Avenue South, Birmingham, AL 35294-1212
lneal@uab.edu

Thank you for your support — together we will make a
difference in the lives of most deserving students.

We expect to reach the endowment level of \$25,000. This will ensure the scholarship is awarded in perpetuity. In the event that this fundraising effort does not meet this amount, contributions will be used to provide scholarships through the department's general scholarship fund in honor of Dr. Thompson.