

**UAB MS in Health  
Administration Program**



**Ranked #1 by  
U.S. News & World Report**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email \_\_\_\_\_

**Giving Options — I would like to support:**

- ONE MSHA Endowed Scholarship
- Establishing my own endowed fund \_\_\_\_\_
- An established endowment (name of fund) \_\_\_\_\_
- Other HSA initiatives \_\_\_\_\_

**Please select one of the following 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:**

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