



Name(s) _____
Address _____
City _____ State _____ Zip _____
Daytime phone number _____ Email _____

Please select one of the following Giving Options:

- ONE MSHA Endowed Scholarship
- Create Your Own Fund (UAB will contact you to discuss)
- Existing Endowments or Funds (name of existing 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:

Katie Adams, UAB School of Health Professions
SHPB 669, 1720 2nd Avenue South, Birmingham, AL 35294-1212
katieadav@uab.edu • 205.996.5469

**Thank you for your support — together as ONE MSHA
we will continue our legacy of excellence.**