

Department of Physical Therapy Diversity, Equity and Inclusion Scholarship

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- 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).
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I am interested in making a gift of stock. Contact me at _____ to discuss options.
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For contributions by credit card

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Card Number _____
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Comments

Return form to:

Leann Pelliccio, UAB School of Health Professions
SHPB 670, 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.

