

**The Alliance for LGBT Equality at UAB Endowed Award  
Charitable Gift Contribution Form**

\_\_\_ Enclosed is my/our gift of \$\_\_\_\_\_.

\_\_\_ I/we pledge \$\_\_\_\_\_ to be paid over a \_\_\_ year period (up to 5 years).

Unless specifically directed by the donor, all gifts to endowed funds are added to the endowment principal with spendable earnings on this principle used to support awards. If you prefer for your gift to be added to the endowment's spending account thereby increasing the amount available for current support of students, please check the box to the left.

**METHODS OF PAYMENT:**

1. Enclosed is the initial payment of \$\_\_\_\_\_, leaving an outstanding balance of \$\_\_\_\_\_.  
Bill me:  Annually  Semi-Annually  Quarterly beginning \_\_\_\_\_  Don't bill me
2. Charge this gift/payment to \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AmEx Card # \_\_\_\_\_  
Exp Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_  
Charge me:  Annually  Semi-Annually  Quarterly  Monthly  One time  
*For added security, credit card gifts can be made online at [www.uab.edu/onlinegiving](http://www.uab.edu/onlinegiving).*
3. \_\_\_ I/we will make a transfer of securities: \_\_\_ shares of \_\_\_\_\_.  
Estimated date of transfer: \_\_\_\_\_.
4. Payroll Deduction: Please choose one: UAB \_\_\_ HSF \_\_\_ UABHS \_\_\_  
SS or Employee Number\*: \_\_\_\_\_ Employee Type — Bi-Weekly: \_\_\_ Monthly: \_\_\_  
\$ \_\_\_\_\_ per pay period for \_\_\_ months or \_\_\_ years beginning on \_\_\_\_\_.

**Permission to Print Name**

\_\_\_ You may list my/our names as a donor (OR) \_\_\_ I/we prefer to remain anonymous

Please print name exactly as you wish to be listed: \_\_\_\_\_

**Contact Information for Gift Acknowledgement**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*This is a(n) \_\_\_ honorarium or \_\_\_ memorial gift honoring: \_\_\_\_\_*

*If anyone should be notified about this gift, please list name(s) and address(es) here:*

\_\_\_\_\_

\_\_\_ PLEASE CONTACT ME ABOUT PLANNED GIFT OPPORTUNITIES TO BENEFIT THE ALLIANCE FOR LGBT EQUALITY AT UAB ENDOWED AWARD.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return pledge form to: Daphne Powell, UAB Development Office, 1720 2<sup>nd</sup> Avenue South, Suite 1230, Birmingham, Alabama 35294-0112. Call (205) 934-1807 for more information.