

CHARITABLE CONTRIBUTION FORM

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

OFFICE PHONE: _____

Methods of Payment:

I give \$ _____ (or) pledge \$ _____ to be paid over a ____ year period (up to 5 years).

1. Enclosed is my initial payment of \$ _____, leaving an outstanding balance of \$ _____

Invoice me: Annually Semi-Annually Quarterly, beginning _____.

2. Charge this gift/payment to my Visa MasterCard American Express Discover

Card number _____ Expiration date: _____

Charge me: One time Annually Semi-Annually Quarterly

3. I wish to transfer _____ (#) shares of _____ stock. Brokerage

House: _____

Contact: _____ Phone: _____

Signature: _____ **Date:** _____

Permission to Print Name in UAB Publications

___ Yes, you may list my/our name(s) as a donor in UAB publications. ___ No, please do not list my/our name.

Please print name exactly as you want it to be listed: _____

My gift will support _____.

Please make check payable to UAB and notate the fund name or fund number in the memo line.

Your gift to UAB is tax-deductible as a charitable contribution to the extent allowed by law.

Return form to:
Morgan Quarles
AB 932 • 1720 Second Avenue South • Birmingham, AL 35294
P: 205.934.9302 • E: nmrobinson@uabmc.edu