Giving to Vanderbilt University Medical Center

I would like to make a gift in support of:

I would like to support the following area(s) of the Medical Center, with the amount indicated:

- ❑ Vanderbilt Kennedy Center $_____
- ❑ Other _____ $_____

An annual contribution of $2500 or more to the Vanderbilt Kennedy Center (VKC) is recognized with membership in Vanderbilt University Medical Center's Canby Robinson Society. All gifts to the VKC, unless otherwise designated for a specific program or purpose, are used to support Nicholas Hobbs Discovery Grants. For gifts of $25,000, and up you will be contacted for additional information.

Make a pledge:

I would like to pay my pledge on the following schedule:

Amount: $_____ July 2016–June 2017 Match Amount: $_____

Amount: $_____ July 2017–June 2018 Match Amount: $_____

Amount: $_____ July 2018–June 2019 Match Amount: $_____

Amount: $_____ July 2019–June 2020 Match Amount: $_____

Amount: $_____ July 2020–June 2021 Match Amount: $_____

Matching gift provided by (company name) _____

Enclosed is my first pledge payment of $_____

Please send an annual pledge reminder in the month of _____

Ways to give:

❑ Check (*Make payable to Vanderbilt University Medical Center and designate gift in the memo line)*

❑ Credit Card: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

- ❑ One-time charge: $_____
- ❑ First pledge payment: $_____
- ❑ Monthly payment: $_____ for _____ months*

**Credit card pledges may extend for up to 12 months.*

Multiple-year pledges will be mailed a reminder for second and subsequent years.

Card Number: _____ Exp. Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

❑ Stock Transfer (*Gift and Donor Services - (855)-521-9827 or VUMCGiftDonorServices@vanderbilt.edu)*

❑ I have included Vanderbilt University Medical Center in my estate plans.

Your contact information:

Name: _____

Employer: _____

Address (❑ Home ❑ Business): _____

City/State/Zip: _____

Email: _____

Phone: _____

Don't forget to sign:

Signature (required): _____ Date: _____

VANDERBILT UNIVERSITY MEDICAL CENTER

Mail to:

Vanderbilt University Medical Center Gift and Donor Services
2525 West End Avenue, Suite 450
Nashville, TN 37203-1761

Questions? (855) 521-9827 or VUMCGiftDonorServices@Vanderbilt.edu

Thank you for your caring support of Vanderbilt University Medical Center.
Every gift in every amount makes a difference.