

# Giving to Vanderbilt University Medical Center

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| <p><b>I would like to make a gift in support of:</b></p> | <p>I would like to support the following area(s) of the Medical Center, with the amount indicated:</p> <p><input type="checkbox"/> Greatest Needs at Vanderbilt Health (U12341) \$ _____</p> <p><input type="checkbox"/> Greatest Needs at Children's Hospital Vanderbilt (U00141) \$ _____</p> <p><input type="checkbox"/> Greatest Needs at Vanderbilt-Ingram Cancer Center (R05299) \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="font-size: small; margin-top: 10px;"><i>An annual contribution of \$1,000 or more is recognized with membership in the Canby Robinson Society. For gifts of \$25,000 and up, you will be contacted for additional information.</i></p> |
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|                              |   |                        |                     |                        |                  |                     |                        |                  |                     |                        |                  |                     |                        |
|------------------------------|---|------------------------|---------------------|------------------------|------------------|---------------------|------------------------|------------------|---------------------|------------------------|------------------|---------------------|------------------------|
| <p><b>Make a pledge:</b></p> | <p>I would like to pay my pledge on the following schedule:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount: \$ _____</td> <td style="width: 33%;">July 2023–June 2024</td> <td style="width: 33%;">Match Amount: \$ _____</td> </tr> <tr> <td>Amount: \$ _____</td> <td>July 2024–June 2025</td> <td>Match Amount: \$ _____</td> </tr> <tr> <td>Amount: \$ _____</td> <td>July 2025–June 2026</td> <td>Match Amount: \$ _____</td> </tr> <tr> <td>Amount: \$ _____</td> <td>July 2026–June 2027</td> <td>Match Amount: \$ _____</td> </tr> </table> <p>Matching gift provided by (company name) _____</p> <p>Enclosed is my first pledge payment of \$ _____</p> <p>Please send an annual pledge reminder in the month of _____</p> | Amount: \$ _____       | July 2023–June 2024 | Match Amount: \$ _____ | Amount: \$ _____ | July 2024–June 2025 | Match Amount: \$ _____ | Amount: \$ _____ | July 2025–June 2026 | Match Amount: \$ _____ | Amount: \$ _____ | July 2026–June 2027 | Match Amount: \$ _____ |
| Amount: \$ _____             | July 2023–June 2024   | Match Amount: \$ _____ |                     |                        |                  |                     |                        |                  |                     |                        |                  |                     |                        |
| Amount: \$ _____             | July 2024–June 2025   | Match Amount: \$ _____ |                     |                        |                  |                     |                        |                  |                     |                        |                  |                     |                        |
| Amount: \$ _____             | July 2025–June 2026   | Match Amount: \$ _____ |                     |                        |                  |                     |                        |                  |                     |                        |                  |                     |                        |
| Amount: \$ _____             | July 2026–June 2027   | Match Amount: \$ _____ |                     |                        |                  |                     |                        |                  |                     |                        |                  |                     |                        |

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| <p><b>Ways to give:</b></p> | <p><input type="checkbox"/> Check (<i>Make payable to Vanderbilt University Medical Center and designate gift in the memo line</i>)</p> <p><input type="checkbox"/> Credit Card:   <input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard   <input type="checkbox"/> American Express   <input type="checkbox"/> Discover</p> <p style="margin-left: 20px;"><input type="checkbox"/> One-time Gift: \$ _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Monthly Recurring Gift: \$ _____</p> <p style="margin-left: 20px;">Card Number: _____</p> <p style="margin-left: 20px;">Exp. Date: _____                      CVV: _____</p> <p style="margin-left: 20px;">Card Holder's Name: _____</p> <p style="margin-left: 20px;">Card Holder's Signature: _____</p> <p style="margin-top: 10px;"><input type="checkbox"/> Stock Transfer (<i>Gift and Donor Services - (800) 288-0028 or DonorServices@vumc.org</i>)</p> <p><input type="checkbox"/> I have included Vanderbilt University Medical Center in my estate plans.</p> |
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| <p><b>Your contact information:</b></p> | <p>Name: _____</p> <p>Spouse: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Email: _____</p> <p>Phone: _____</p> |
| <p><b>Don't forget to sign:</b></p>     | <p><b>Signature (required):</b> _____ <b>Date:</b> _____</p>   |

VANDERBILT UNIVERSITY MEDICAL CENTER

**Mail to:**  
 Vanderbilt University Medical Center Development  
 PO Box 290369  
 Nashville, TN 37229-0369

**Questions? (800) 288-0028 or DonorServices@vumc.org**

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

