



Office of Institutional Advancement/UNTHSC Foundation
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Gift Form

Complete this form and mail or fax it to the address above. Or, just call us and we will be happy to process your credit card gift by phone.
The Office of Institutional Advancement is open Monday - Friday, 8 am - 5 pm. Thank you for your gift!

Please use my tax-deductible gift of \$5,000 \$1,000 \$500 \$250 Other:
to help build the Institute for Musculoskeletal Medicine on the UNT Health Science Center campus.

Name(s)

Home Address

City State ZIP

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Your title/position

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Work Phone Work E-mail

I prefer to be contacted at Home Work

In UNTHSC publications acknowledging my/our gift, please list me/us as follows:

I am an alumnus/alumna. Degree(s) earned and Year(s) earned

My or my spouse's employer will match my gift. Employer Name

The matching gift form is enclosed forthcoming

This is a tribute gift in memory of in honor of

Please send an acknowledgment to

Name

Address

Enclosed is my check made payable to the UNTHSC Foundation.

Please charge my VISA MasterCard #

For the full amount In 4 quarterly installments of \$ In 12 monthly installments of \$

Name as it appears on the card

Signature Exp. Date

Tell me about...

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Other

I have already included UNTHSC in my will.