

UMC FOUNDATION MAIL-IN GIFT FORM

YES, I/we want to help make a great hospital even greater with a gift to UMC Foundation in the amount of \$ _____.

Name (s) _____

Address _____

Telephone _____ **E-mail** _____

_____ Check Enclosed (please make payable to UMC FOUNDATION)

_____ Charge my: _____ Mastercard _____ Visa _____ Discover _____ Amex

CARD #: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD: _____

CARDHOLDER SIGNATURE: _____

Direct this gift to the following area (please check one):

- | | | |
|--------------------------|--|---------------------------|
| _____ Cancer Care | _____ Trauma/Emergency Medicine | _____ Unrestricted |
| _____ Cardiology | _____ Transplantation | _____ Pediatrics |

Thoughtful Giving:

_____ In memory of _____

_____ In honor of _____

Please notify:

Name (s): _____

Address: _____

_____ Send me information about major-gift and/or facilities-naming opportunities.

_____ I/We are interested in assisting UMC with a planned gift (bequest, trust, life insurance policy, etc.)

Please return this completed form and your gift to: **UMC FOUNDATION**
655 E. RIVER RD.
TUCSON, AZ 85704

THANK YOU FOR YOUR SUPPORT OF UNIVERSITY MEDICAL CENTER!