



Donor Gift Form

Please print



Donor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Email Address: _____

Gift Information

My gift of \$_____ to support the PDCMDC and its Fellowship Training Program (2280700101 or 2280022206).

Check: The enclosed check (*made payable to Baylor College of Medicine*) for the full amount of my gift is mailed to: Office of Advancement and Alumni Affairs, MSC #800, P.O. Box 4976, Houston, TX 77210.

Charge: I will make a secure, online credit card payment at <https://connect.bcm.edu/neurology> (*Select Parkinson's Movement Disorders Fellowship Fund from the drop down menu*)

Pledge: My gift of \$_____ will be paid with monthly quarterly annual installments of \$_____, beginning on _____ (date). By signing below, I pledge the amount indicated above.

Signature (required for pledge commitment)

Date

Please contact me about: a deferred or non-cash gift a gift with appreciated stock

Honor/Memorial Gifts

This gift is made in honor of: in memory of: as a grateful patient of:

Name: _____

Please notify the following of my honor/memorial gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Matching Gifts

My gift will be matched by: (*Please specify company name below and attach your company's matching gift form*)

Online Giving

<https://connect.bcm.edu/neurology> (*Select Parkinson's Movement Disorders Fellowship Fund from the drop down menu*)

You have the right to decline future education and development communications. If you do not want us to contact you for our fundraising efforts, please contact Office of Advancement and Alumni Affairs at 713-798-4714 or optout-development@bcm.edu.