



DONOR GIFT FORM
Please print

Donor Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: Day _____ Evening _____ Email Address: _____

GIFT INFORMATION

My gift of \$_____ is designated to support the PDCMDC and its Fellowship Training Program.
[] Check: A check (made payable to Baylor College of Medicine) for the full amount of my gift is enclosed and will be mailed to: Office of Institutional Advancement and Alumni Affairs, MSC #800, P.O. Box 4976, Houston, TX 77210.
[] Charge: I will make a secure, online credit card payment at www.giveBMF.org/PDCMDC
[] 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.)

Please call 713.798.4714 or send an email to optout-development@bcm.edu if you no longer wish to receive our fundraising communications.