

# MAKE A GIFT



## TO MAKE A GIFT BY MAIL

### GIFT INFORMATION

I would like to give \$ \_\_\_\_\_

Please use my gift for  The area of greatest need  
 A specific area \_\_\_\_\_

### A GIFT TO REMEMBER OR HONOR SOMEONE

This gift is  In honor of \_\_\_\_\_  
 In memory of \_\_\_\_\_

If you would like us to notify the person being honored or the family of the person being remembered, please provide their address.

\_\_\_\_\_  
\_\_\_\_\_

### PLANNED GIVING

Please send me information about making a planned gift through my will or a trust.

### YOUR INFORMATION

Title  Dr.  Mr.  Ms.  Mrs.  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Alumni—year of graduation \_\_\_\_\_  PSU 9-digit ID number \_\_\_\_\_

Payment Information  Check enclosed (payable to Penn State University)  
 Bill my credit card (please complete information below)

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Signature (required for authorization)

Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration date/month/year

### OMITTING NAME FROM DONOR PUBLICATIONS

I do not want my name listed as a donor in any publications.

Print/complete this form and send with your check or credit card information to:

Office of University Development  
and Alumni Relations  
Penn State Milton S. Hershey  
Medical Center  
Penn State College of Medicine  
Mail Code A120  
90 Hope Drive  
P.O. Box 852  
Hershey, PA 17033

You will receive a tax receipt for your gift.

Have a Question About Giving?  
Please contact:

Givinginquiries@hmc.psu.edu  
717-531-8497

## THANK YOU FOR YOUR GENEROSITY. WE ARE GRATEFUL FOR YOUR SUPPORT.