



Office of Constituent Giving and Donor Relations
 1762 Clifton Road, Suite 2400
 Atlanta, Georgia 30322
 404.712.GIVE (4483)
 engage.emory.edu/renew2020

YES

I want to provide the ongoing annual support that is critical to Emory's schools and units.
 I have enclosed my gift in the amount of:

\$100 \$250 \$500 \$1,000 \$2,500 Other \$ _____

Name _____

Home Address _____

City/State/Zip _____

I would like to pledge this amount to be paid before August 31.
(Please complete the payment schedule on the reverse side to indicate when we should remind you of your pledge.)

Please credit my gift to:

SCHOOLS

Business School \$ _____
 Dentistry \$ _____
 Emory College \$ _____
 Graduate School \$ _____
 Health Professions \$ _____
 Law School \$ _____
 Libraries \$ _____
 Medical School \$ _____

Nursing School \$ _____
 Oxford College \$ _____
 Public Health \$ _____
 Theology School \$ _____
 General University \$ _____
 Other \$ _____

UNITS

Athletics & Recreation \$ _____
 Campus Life \$ _____
 Center for Ethics \$ _____
 Emory Healthcare \$ _____
 Michael C. Carlos Museum \$ _____
 Winship Cancer Institute \$ _____
 Yerkes Research Center \$ _____

Please Specify: 100% of gift to
W6CCQ - Cassandra Quave, PhD Research

I have enclosed a check for \$ _____ payable to Emory University.

To charge your gift or utilize other payment options, please see the reverse side of this form. The fiscal year begins September 1 and ends August 31.
Gifts are tax-deductible to the extent provided by law.

Please remit to:
 Office of Gift Accounting
 Emory University
 1762 Clifton Road NE
 Suite 1400, MS: 0970-001-8AA
 Atlanta, GA 30322-4001
 Phone: 404.712.GIVE (4483) Fax: 404.727.4876
 Email: eurec@emory.edu

I prefer to charge my gift to my credit card. (Please enter your number below or visit engage.emory.edu/renew2020)

Mastercard®  Visa®  American Express® 

Card Number _____ - _____ - _____

Expiration Date _____

Signature (required) _____

I wish to make my gift by direct electronic funds transfer (EFT) from my checking or savings account. (*You will be mailed an authorization form.*)

MATCHING GIFT PROGRAM

If you work for a company that matches gifts to higher education, you can double or triple the value of your contribution by following your employer's matching gift procedures. Many companies match the gifts of spouses, retirees, and surviving spouses of retirees in addition to gifts from current employees. Please contact your personnel or human resources office for eligibility information and to obtain a matching gift form.

PLEDGE PAYMENT SCHEDULE

Please enter the amount of your personal gift, not including matching funds.

September	\$ _____
October	\$ _____
November	\$ _____
December	\$ _____
January	\$ _____
February	\$ _____
March	\$ _____
April	\$ _____
May	\$ _____
June	\$ _____
July	\$ _____
August	\$ _____
Total Pledge	\$ _____

Please update your records as necessary:

You may use the section below or visit alumni.emory.edu/updateinfo.php

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Home Email _____

Which is your preferred address? Home Business

Employer _____ Title _____

Business Address _____

City/State/Zip _____

Business Phone _____ Bus. Email _____

Please send me information about:

- Gifts that pay me income for life (charitable annuities and trusts)
- Gifts of real estate
- Including Emory in my will, trust, or estate plans
- Naming Emory the beneficiary of my IRA or life insurance
- Creating a named scholarship or other endowment fund at Emory
- The Wise Heart Society
- Other _____

Is Emory included in your estate plans?

- Yes. Please send me information about the 1836 Society (Emory's legacy giving society).