



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

Surgery Research is the Key to Cures

Yes, I/we wish to support the Department of Surgery at the Indiana University School of Medicine through the following commitment:

Name(s)

Preferred Address Home Business

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Would you like your gift made in honor or memory of a friend or loved one?

In Honor of

In Memory of

Please send acknowledgment of this tribute gift to:

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GIFT COMMITMENT

Please accept my/our commitment of \$_____ to be used for the following program or area in the Department of Surgery:

Donor Signature Date

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Is this gift from you and your spouse? Yes No

If so, please print spouse's name.

CURRENT GIFT My check payable to the IU Foundation/Surgery is enclosed.

MATCHING GIFT This gift will be matched by:

Please print name of company or foundation.

PLANNED GIFT

I/we wish to support the School of Medicine through a planned gift.

Please indicate type of gift

Please indicate value of gift

Please send me information on planned gifts through wills and trusts.

*If you wish to charge your gift to VISA, MasterCard, Discover or American Express, visit our secure website at www.surgery.medicine.iu.edu and click on the **Give Now** button.*

Thank you! You will receive a receipt for this gift from the Indiana University Foundation.

I/we prefer that this gift remain anonymous.

All personal information provided will be kept confidential.

Please check here if you do not wish to receive future solicitations.