



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

- 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/donate
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.