

GIFT / PLEDGE FORM Regenerative Medicine

PERSONAL INFORMATION

Name _____

Spouse Name _____

Address _____

City _____

State _____ ZIP _____

Preferred Phone # _____

Home Cell Business

Email _____

- This is a joint gift with my spouse (named above)
 I wish to remain anonymous; do not list my name in publications.

GIFT / PLEDGE INFORMATION

I/We make a total gift/ pledge of \$ _____

To be designated to the Regenerative Medicine Fund

Other _____

Amount paid herewith: \$ _____

Amount of each payment \$ _____

To be paid:

Monthly Quarterly Annually Other

Begin (mm/yy): ____ / ____ End (mm/yy): ____ / ____

In lieu of making a pledge, I intend to recommend a distribution from my donor advised fund.

Appeal: campev/1938

GIFT PAYMENT OPTIONS

Cash or Check: Please make check payable to **Wake Forest Baptist Medical Center**

Credit Card: Card # _____ Expiration date ____ / ____

VISA MasterCard American Express Discover

Name on Card _____

Signature _____

Monthly Electronic Funds Transfer (EFT): Please send me the proper forms to authorize electronic transactions directly from my financial institution(s). Forms may be requested by calling (800) 899-7128 or emailing devalum@wakehealth.edu.

My payment will be matched by my employer's matching gift program. I have enclosed the completed application form or have submitted it electronically. Company name: _____

Signature _____ Date _____

Spouse's signature (if applicable) _____ Date _____

THANK YOU FOR YOUR GENEROSITY

Wake Forest Baptist Medical Center
Office of Philanthropy and Alumni Relations
P.O. Box 571021, Winston-Salem, NC 27157-1021
Phone: (336) 716-4589 / (800) 899-7128 Fax: (336) 716-7168
Give online at wakehealth.edu/OnlineGift.htm