

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

	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	□Ot	her \$		
Name Home Address_ City/State/Zip _							☐ I would like to pledge this amo before August 31. (Please complete the payment reverse side to indicate when u you of your pledge.)	schedule on the	
Please cred	lit my g	gift to:							
SCHOOLS							UNITS		
Business Schoo	ol \$	)	Nurs	sing School	\$		Athletics & Recreation	\$	
Dentistry	\$	5	_ Oxfo	ord College	\$		Campus Life	\$	
Emory College	. \$	5	_ Publ	ic Health	\$		Center for Ethics	\$	
Graduate Scho	ol \$	S	_ Theo	ology School	\$		Emory Healthcare	\$	
Health Profess	ions \$	<b>.</b>	_ Gene	eral Universit	y \$		Michael C. Carlos Museum	\$	
Law School	\$	<b>.</b>	_ Othe	er	\$		Winship Cancer Institute	\$	
Libraries	\$	<b></b>	_ Pleas	se Specify:			Yerkes Research Center	\$	
Medical School \$			payable to Emory University.			Please remit to: Office of Gift Accounting Emory University 1762 Clifton Road NE			
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.							Suite 1400, MS: 0970-001-8AA Atlanta, GA 30322-4001		

Gifts are tax-deductible to the extent provided by law.

Email: eurec@emory.edu

Phone: 404.712.GIVE (4483) Fax: 404.727.4876

☐ I prefer to charge my gift to my credit card. (Please enter your number below	PLEDGE PAYMENT SCHEDULE		
or visit engage.emory.edu/renew2020)	Please enter the amount of your personal gift,		
☐ Mastercard®	not including matching funds.  September \$		
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Card Number	November \$		
Expiration Date	December \$		
Signature (required)	January \$		
☐ I wish to make my gift by direct electronic funds transfer (EFT) from my checking or	February \$		
savings account. (You will be mailed an authorization form.)	March \$		
MATCHING CITT DDOCDAM	April \$		
MATCHING GIFT PROGRAM  If you work for a company that matches gifts to higher education, you can	May \$		
double or triple the value of your contribution by following your employer's	June \$		
matching gift procedures. Many companies match the gifts of spouses, retirees,	July \$		
and surviving spouses of retirees in addition to gifts from current employees.  Please contact your personnel or human resources office for eligibility	August \$		
information and to obtain a matching gift form.	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	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		
Which is your preferred address? □ Home □ Business			
Employer Title			
Business Address	Is Emory included in your estate plans?  ☐ Yes. Please send me information about the 1836 Society (Emory's legacy giving society).		
City/State/Zip			
Business Phone Bus. Email	, , , , , , , , , , , , , , , , , , , ,		