

YES, I will make a gift to the medical school (please choose a gift option):

- a one-time gift of \$_____ (\$2,500, \$1,000, \$500, \$250, other).
- a recurring monthly gift of \$_____ per month until further notice.
- a pledge of \$_____, with gift payments as follows (please fill in the amount and date):

\$_____	\$_____	\$_____	\$_____	\$_____
on ____/____/____	on ____/____/____	on ____/____/____	on ____/____/____	on ____/____/____
<small>date/ month/ year</small>	<small>date/ month/ year</small>	<small>date/ month/ year</small>	<small>date/ month/ year</small>	<small>date/ month/ year</small>

Enclosed is my first gift payment of \$_____. I will make my first gift payment as noted above.

Please direct my gift to:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> The Fund for Geisel <input type="checkbox"/> MD Student Scholarship Fund <input type="checkbox"/> Dean’s Discretionary Fund <input type="checkbox"/> Fund for Research and Discovery <input type="checkbox"/> The Dartmouth Institute Scholarship Fund <input type="checkbox"/> The Fund for The Dartmouth Institute | <ul style="list-style-type: none"> <input type="checkbox"/> Medical Education <input type="checkbox"/> Center for Health Equity <input type="checkbox"/> Cancer Center <input type="checkbox"/> C. Everett Koop Institute <input type="checkbox"/> Center for Technology & Behavioral Health <input type="checkbox"/> Children’s Environmental Health & Disease Prevention <input type="checkbox"/> Center for Genomic Medicine <input type="checkbox"/> Center for Immunotherapy <input type="checkbox"/> Lung Biology Center |
|--|--|

Your name as it should appear for donor recognition: _____

Please don’t include my name on recognition lists; I would like to remain anonymous.

18. online

GIFT PAYMENT INFORMATION

- Check enclosed (payable to Geisel School of Medicine).
- Charge my gift payments as follows: Visa MasterCard AmEx Discover

Name on card: _____

Billing address: _____

Card number: _____ Expiration date: ____/____/____

Signature: _____

Contact number or email in case we have a question: _____

Please return this form by mail to: Geisel School of Medicine
 One Medical Center Drive, HB 7070
 Lebanon, NH 03756

You may also make a gift online at <https://geiselmed.dartmouth.edu/campaign/>
 Questions about giving? Contact Julie Bressor at 603.653.0742 or julie.p.bressor@dartmouth.edu