

Giving Form

Department of Pediatrics

Name: _____ Phone: _____ Date: _____

Address: _____

City/St/Zip: _____ Email: _____

Please use my gift of \$_____ to support (check one):

Area of Most Need _____

Other: _____

Your gift will be acknowledged according to your instructions above. The amount will not be disclosed.
Please make checks payable to **Emory University**.

My gift is to....

To honor or thank: _____

In memory of: _____

Please send a note announcing the gift on my behalf to:

Name:
Street 1:
Street 2:
City/St/Zip:
From:

To learn about other giving opportunities, please visit our website at www.pediatrics.emory.edu/donor/index.html
Or contact the Director of Development at 404.727.9346