

Office of Annual Giving 1762 Clifton Road, Suite 1000 Atlanta, Georgia 30322 404.727.6200 www.emory.edu/give

		-		annual supp amount of:	ort that is c	ritical to	Emory's schools and units.	
	□ \$100	□ \$250	□ \$500	□ \$1,000	□ \$2,500	□ Oth	er \$	
Name Home Address City/State/ZIP							☐ I would like to pledge this amount to be paid before August 31. (Please complete the payment schedule on the reverse side to indicate when we should reminal you of your pledge.)	
Please cred	lit my §	gift to:						
SCHOOLS							UNITS	
Business Schoo	ol \$		Nursi	ng School	\$		Athletics & Recreation	\$
Dentistry	\$			d College	\$		Campus Life	\$
Emory College	\$		Public	Health	\$		Center for Ethics	\$
Graduate Scho	ol \$		Theol	ogy School	\$		Emory Healthcare	\$
Health Professi	ions \$		Gener	al University	\$		Michael C. Carlos Museum	\$
Law School	\$		Other		\$		Winship Cancer Institute	\$
Libraries	\$	<u> </u>	Please	Specify:			Yerkes Research Center	\$
Medical Schoo	1 \$						Please remit to: Office of Gift Records	
☐ I have enclosed a check for \$ To charge your gift or utilize other payme side of this form. The fiscal year begins Se			ment option				Emory University 1762 Clifton Road NE Suite 1400, MS: 0970-001-8AA Atlanta, GA 30322-4001	
Gifts are tax-dea					gust 31.		Phone: 404.727.0068 Fax: 404. Email: eurec@emory.edu	727.4876

☐ I prefer to charge my gift to my credit card. (Please enter your number below	PLEDGE PAYMENT SCHEDULE		
or visit www.emory.edu/give)	Please enter the amount of your personal gift,		
☐ Mastercard® Mastercard ☐ Visa® V/SA ☐ American Express®	not including matching funds.		
	September \$		
Card Number	October \$		
Expiration Date	November \$		
Signature (required)	December \$		
Signature (required)	January \$		
To make your gift via payroll deduction, log in to PeopleSoft	February \$		
(https://psofthr.cc.emory.edu/) and select the "MyEmory" option.	March \$		
MATCHING GIFT PROGRAM	April \$		
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, and surviving spouses of retirees in addition to gifts from current employees.	July \$		
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:	Please send me information about: ☐ Gifts that pay me income for life		
Name			
	(charitable annuities and trusts) ☐ Gifts of real estate		
Home Address	☐ Including Emory in my will, trust, or estate plans		
City/State/ZIP	☐ Naming Emory the beneficiary of my IRA or life insurance		
Home Phone Cell Phone			
	☐ Creating a named scholarship or other endowment fund at Emory		
Home Email	☐ The Adopt-a-Scholar program at Emory		
Which is your preferred address? ☐ Home ☐ Business	□ Other		
Employer Title			
Business Address	In English de diameter als exp		
City/State/ZIP	Is Emory included in your estate plans? ☐ Yes. Please send me information about the 1836 Society (Emory's legacy giving society).		
Business Phone Bus. Email			