



**Office of Annual Giving**  
 1762 Clifton Road, Suite 1000  
 Atlanta, Georgia 30322  
 404.727.6200  
[www.emory.edu/give](http://www.emory.edu/give)

**YES**

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     Other \$ \_\_\_\_\_

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 remind you of your pledge.)*

**Please credit my gift to:**

**SCHOOLS**

Business School	\$ _____	Nursing School	\$ _____
Dentistry	\$ _____	Oxford College	\$ _____
Emory College	\$ _____	Public Health	\$ _____
Graduate School	\$ _____	Theology School	\$ _____
Health Professions	\$ _____	General University	\$ _____
Law School	\$ _____	Other	\$ _____
Libraries	\$ _____	Please Specify: _____	
Medical School	\$ _____	_____	

**UNITS**

Athletics & Recreation	\$ _____
Campus Life	\$ _____
Center for Ethics	\$ _____
Emory Healthcare	\$ _____
Michael C. Carlos Museum	\$ _____
Winship Cancer Institute	\$ _____
Yerkes Research Center	\$ _____

Please remit to:  
 Office of Gift Records  
 Emory University  
 1762 Clifton Road NE  
 Suite 1400, MS: 0970-001-8AA  
 Atlanta, GA 30322-4001  
 Phone: 404.727.0068 Fax: 404.727.4876  
 Email: [eurec@emory.edu](mailto:eurec@emory.edu)

I have enclosed a check for \$ \_\_\_\_\_ payable to Emory University.

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

I prefer to charge my gift to my credit card. (Please enter your number below or visit [www.emory.edu/give](http://www.emory.edu/give))

Mastercard®   Visa®   American Express® 

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature (required) \_\_\_\_\_

I wish to make my gift by direct electronic funds transfer (EFT) from my checking or savings account. (*You will be mailed an authorization form.*)

### MATCHING GIFT PROGRAM

If you work for a company that matches gifts to higher education, you can double or triple the value of your contribution by following your employer's matching gift procedures. Many companies match the gifts of spouses, retirees, and surviving spouses of retirees in addition to gifts from current employees. Please contact your personnel or human resources office for eligibility information and to obtain a matching gift form.

### Please update your records as necessary:

You may use the section below or visit <https://www.alumni.emory.edu/updateinfo.php>

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Which is your preferred address?  Home  Business

Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Bus. Email \_\_\_\_\_

### PLEDGE PAYMENT SCHEDULE

Please enter the amount of your personal gift, not including matching funds.

September \$ \_\_\_\_\_

October \$ \_\_\_\_\_

November \$ \_\_\_\_\_

December \$ \_\_\_\_\_

January \$ \_\_\_\_\_

February \$ \_\_\_\_\_

March \$ \_\_\_\_\_

April \$ \_\_\_\_\_

May \$ \_\_\_\_\_

June \$ \_\_\_\_\_

July \$ \_\_\_\_\_

August \$ \_\_\_\_\_

**Total Pledge** \$ \_\_\_\_\_

### 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 Adopt-a-Scholar program at Emory
- Other \_\_\_\_\_

### Is Emory included in your estate plans?

- Yes. Please send me information about the 1836 Society (Emory's legacy giving society).