

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH GIFT FORM



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

- A one-time gift of \$... (A recurring monthly gift of \$... Enclosed is my first gift payment of \$... I will make my first gift payment as noted above.

Please direct my gift to:

- The Fund for Geisel (7) Center for Health Equity (7-112183)
The Fund for Research and Discovery (7-110278) Cancer Center (7-100646)
MD Student Scholarships (7-101175) C. Everett Koop Institute (7-101230)
The Dean's Discretionary Fund (7-100849) Center for Technology & Behavioral Health (7-100647)
The Dartmouth Institute Scholarship Fund (7-110497) Children's Env Health & Disease Prevention (7-112459)
The Fund for The Dartmouth Institute (7-110470) Lung Biology Center (7-111993)
Other:

Your name as it should appear for donor recognition:

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

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: CVV

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