

Marshall University Joan C. Edwards School of Medicine's Scholarship Campaign

Pledge of Support

Yes, I/we want to invest in the School of Medicine's effort to provide scholarships for medical students.

Name(s): _____ Phone (w): _____

School of Medicine class year: _____ Phone (h): _____

Address: _____ Phone (c): _____

City: _____ State: _____ Zip Code: _____

Email: _____

I/We Pledge: \$ _____ The remainder will be paid:
Annually _____ Semi-Annually _____

Paid Herewith: \$ _____ Quarterly _____ Other _____

Remainder: \$ _____

Duration of recurring payments: _____ 1 year _____ 2 years _____ 3 years _____ 4 years _____ 5 years

Please send me pledge reminders beginning: Month _____ Day _____ 20 _____

The gift is designated for the SOM Scholarship Campaign Endowment

Signature: _____

Print Full Name: _____

____ My employer/spouse's employer will match this gift. Employer Name: _____

____ I am interested in learning more about planned giving.

Please make checks payable to The Marshall University Foundation, Inc.
Gifts to the Marshall University Foundation, Inc. are tax deductible as permitted by law.

Charge my gift to: _____ MasterCard _____ Visa _____ American Express _____ Discover

Card #: _____ Exp.Date: _____ CV Code: _____

Payroll deduction available if you are a Marshall University or Marshall Health employee (check one): ___Marshall Health ___Marshall University

Mail to: Linda Holmes, 1600 Medical Center Dr., Huntington, WV 25701
Questions or additional information, call (304) 691-1711 or email: holmes@marshall.edu

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