

1600 Medical Center Drive Huntington, WV 25701 (9031)

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Linda S. Holmes Office of Development & Alumni Affairs 1600 Medical Center Drive Huntington, WV 25701-3655 9031



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## YOUR GIFT Mallers!

The Marshall University Joan C. Edwards School of Medicine prepares future physicians to serve the world in patient care, medicine and research.

Yes, your gift matters, and you can help improve the health and well-being for all when you make a gift to the annual loyalty fund and support our future physicians.

By making an annual loyalty fund gift, you will help Dean David Gozal, MD, provide much-needed scholarships for our medical students and allow him to lead our school in new initiatives that will enhance the school and our medical student's educational experience.

Thanks to the giving of alumni and friends like you, we continue to educate the future frontline and future health care providers. Your support is an investment in their journey.

With appreciation,

suda

Linda S. Holmes

Director, Development & Alumni Affairs

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Amanda A. Kinder

Assistant Director, Development & Alumni Engagement

For more information about giving to the Marshall University Joan C. Edwards School of Medicine, please contact Linda Holmes, at 304.691.1711 or holmes@marshall.edu or Amanda Kinder, at 304.691.1757 or adkins68@marshall.edu.

Detach, tape ends together and return.

## 2023-2024 SCHOOL OF MEDICINE ANNUAL LOYALTY FUND

Tes, I (we) want to support the School of Medicine's 2023-2024 Annual Loyalty Fund.

□\$50,000+ □\$10,000 - \$49,000 □\$1,000 - \$9,999 □\$500 - \$999 □\$100 - \$499 □\$1 - \$99

☐ I (we) wish the gift to honor/memorialize. Recipient's name: \_

Recipient's address:

Name (please print)

Mobile phone

Tes, I(we) want to Adopt a Medical Student for \$29,000, payable over 5 years.

Adopt a Medical Student is a 5-year commitment of \$29,000. Year 1 - Year 4—\$6,000 (\$5,000 toward the corpus, \$1,000 to the Scholarship); Year 5—\$5,000

☐ Check enclosed (Please make payable to Marshall University Foundation)

☐ Pay by credit card: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

SOM class year Name as it appears on account (please print)

Address

Account number

Email

Security code

City

Expiration date Signature

