



MARSHALL UNIVERSITY®
Joan C. Edwards School of Medicine

1600 Medical Center Drive
Huntington, WV 25701 (9031)

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HELP THE MARSHALL SCHOOL OF MEDICINE
DOCTORS OF TOMORROW... *Today!*

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



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LINDA S. HOLMES
MARSHALL JOAN C. EDWARDS
SCHOOL OF MEDICINE
1600 MEDICAL CENTER DRIVE
HUNTINGTON, WV 25701



Class of 2024

YOUR GIFT *Matters!*

The Marshall University Joan C. Edwards School of Medicine prepares future physicians and physician assistants 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 health care professionals.

By making an annual loyalty fund gift, you will help Dean David Gozal, MD, MBA, PhD (Hon) 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,



Linda S. Holmes
Director, Development & Alumni Affairs



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 and return

2024-2025 SCHOOL OF MEDICINE ANNUAL LOYALTY FUND

Yes, I (we) want to support the School of Medicine's 2024-2025 Annual Loyalty Fund.

Yes, I (we) want to make my gift to my Class Scholarship (class year) _____

\$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: _____

Yes, 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

Name (please print) _____ SOM class year _____

Name as it appears on account (please print) _____

Address _____

Account number _____ Security code _____

City _____ State _____ Zip _____

Expiration date _____ Signature _____

Mobile phone _____ Home phone _____

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