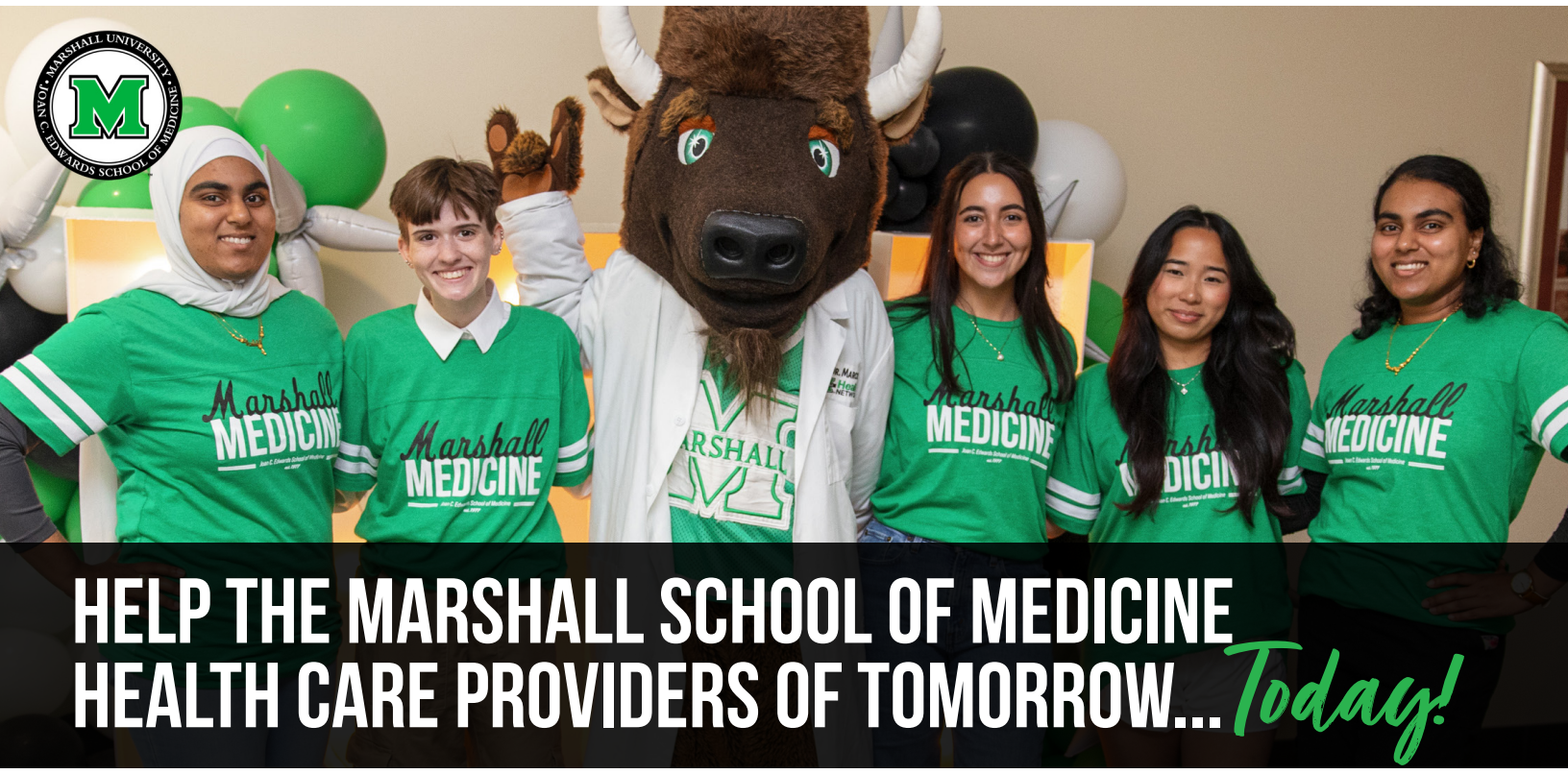
MARSHALL UNIVERSITY®
Joan C. Edwards School of Medicine

1600 Medical Center Drive
Huntington, WV 25701 (9031)

Address Service Requested



HELP THE MARSHALL SCHOOL OF MEDICINE HEALTH CARE PROVIDERS OF TOMORROW... *Today!*

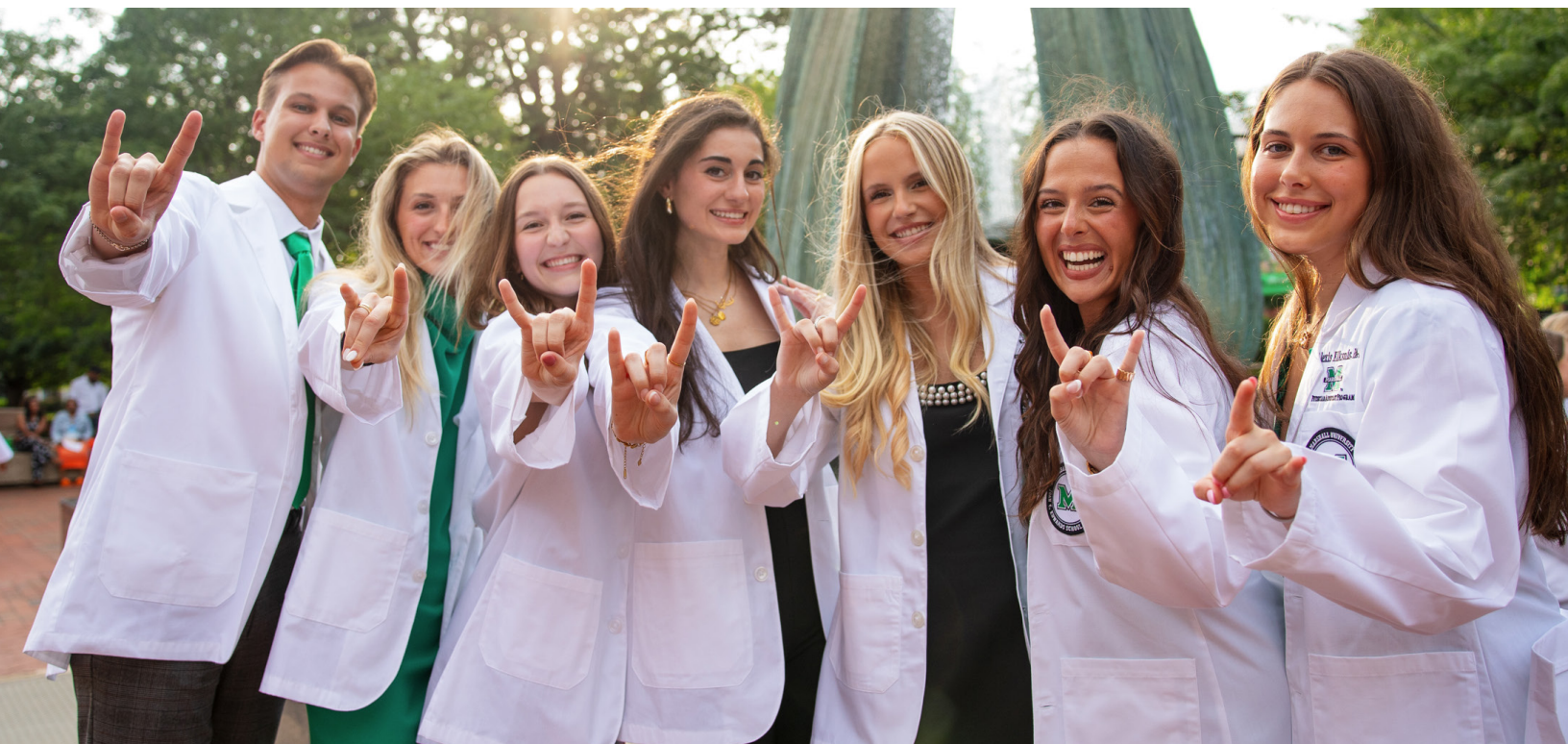
Linda S. Holmes
Office of Development & Alumni Affairs
1600 Medical Center Drive
Huntington, WV 25701-3655
9031

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 792 HUNTINGTON WV

POSTAGE WILL BE PAID BY ADDRESSEE

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



Say "Yes."
YOUR GIFT MATTERS!

As we continue our mission to educate the next generation of physicians, health care providers, and researchers, we are reminded daily of the power of generosity and the impact of community. The Annual Loyalty Fund is a vital part of that mission—fueling excellence, expanding access, and opening doors to opportunity for our students.

Every gift, no matter the size, makes a difference. It helps us say "YES" to innovation in medical education, "YES" to scholarships that change lives, and "YES" to programs that serve our region and beyond. Your support ensures that our students receive the training, mentorship, and resources they need to thrive in a rapidly evolving health care landscape.

We invite you to renew your commitment or make a new gift to the Annual Loyalty Fund today. Your contribution is more than a donation—it's a statement of belief in the future of medicine and in the values that define Marshall University.

Together, let's continue to build a legacy of excellence, access, and opportunity.

With gratitude,

Linda S. Holmes
Associate Dean, Development & Alumni Affairs

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**.

Detach and return

2025-2026 SCHOOL OF MEDICINE ANNUAL LOYALTY FUND

Please designate your gift amount to:

❒ **Yes, I (we) want to make a gift to the Class Scholarship (MD Class Year) $** _____

❒ MD $ _____ ❒ PA $ _____ ❒ Research $ _____ ❒ Other $ _____

❒ 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 and payable to the Marshall University Foundation

❒ American Express ❒ Discover ❒ MasterCard ❒ Visa

Name (please print) _____ Class Year _____

Address _____

City _____ State _____ Zip _____

Mobile phone _____ Home phone _____

Name as it appears on account (please print) _____

Account number _____ Security code _____

Expiration date _____ Signature _____

Email _____

00236-MAIL

GIVE ONLINE