

Giving Form

Department of Pediatrics
Urban Health Program

Name: _____ Phone: _____ Date: _____

Address: _____

City/St/Zip: _____ Email: _____

Please use my gift of \$ _____ to support (check one):

Area of Most Need: _____

Other: _____

Your gift will be acknowledged according to your instructions above. The amount will not be disclosed. Please make checks payable to **Emory University**.

My gift is.....

To honor or thank: _____

In memory of: _____

Please send a note announcing the gift on my behalf to:

Name:
Street 1:
Street 2:
City/St/Zip:
From: