Dartmouth GEISEL SCHOOL OF MEDICINE

GIFT FORM

DONOR INFORMATION

25.GSM Online Gifts

☐ *I would like to remain anonymous.*

Donor Name(s)

Address | City | State | Zip

Phone | Email Address

ENCLOSED IS MY GIFT OF $_____

Please direct my gift to:

$_____ The Fund for Geisel (7)
$_____ MD Student Scholarships (7-101175)
$_____ Geisel Research and Discovery (7-110278)
$_____ Healthy Students, Healthy Physicians (7-112648)
$_____ Underrepresented in Medicine Student Support (7-112808)
$_____ Other: Triple Negative Breast Cancer Research
$_____ **T o t a l**

All gifts are tax-deductible to the fullest extent allowable by law.

PAYMENT INFORMATION

☐ CHECK IS ENCLOSED

- Please make your check payable to Geisel School of Medicine.
- Use the memo line of your check to indicate your gift is for "Triple Negative Breast Cancer Research".

☐ PAYMENT BY CREDIT CARD ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on Card

Address | City | State | Zip

Card Number | Expiration Date | CVV

Signature

☐ I WISH TO MAKE MY GIFT ☑ in memory of ☐ in honor of

Michelle Ann Foster

Tribute Name

Send Notice of My Gift to:

Address | City | State | Zip

PLEASE RETURN THIS FORM BY MAIL TO:

Medical & Healthcare Advancement
Attn: Gift Recording
One Medical Center Drive, HB 7070
Lebanon, NH 03756

☐ I have remembered Dartmouth Health or the Geisel School of Medicine in my estate plans.
☐ Please contact me about other ways to give, including gifts of stock, gifts that provide income, and estate gifts.

Need help making your gift? Contact us at 603-653-0700 or visit DHGeiselGiving.org