



GIFT FORM

I wish to make a gift to Jefferson of \$_____.

Designate my gift to:

- Thomas Jefferson University Annual Fund
 Thomas Jefferson University Hospital Annual Fund
 Department/Division _____
 Other _____

Payment Options

My check is enclosed (payable to **Thomas Jefferson University** or **Thomas Jefferson University Hospital**)

- Please charge my: VISA MasterCard American Express Discover
 Charge my account the entire amount now
 Charge my account \$_____ per month for _____ months

Name as it appears on card _____

Account number _____ Exp. date _____

Signature _____

Matching Gift

I am enclosing a matching gift form from: _____ (company).

Tribute Gift

This gift is in HONOR or MEMORY of (circle one): _____

Immediate Family Name and Address for Honor/Memorial contact (If Known):

Contact Information:

Relationship to Jefferson: Alumni Friend Faculty/Staff Student
 Patient Other _____

Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Email: _____

Yes, I would like to receive email updates from Jefferson!

Please complete and return to:
 The Jefferson Office of Institutional Advancement
 125 S. 9th Street, Suite 700
 Philadelphia, PA 19107

For questions about making a gift, contact us at 877-JEFF-GIFT