Giving to Vanderbilt University Medical Center

I would like to make a gift in support of:	I would like to support the following area(s) of the Medical Center, with the Greatest Needs at Vanderbilt Health (U12341) Greatest Needs at Children's Hospital Vanderbilt (U00141) Greatest Needs at Vanderbilt-Ingram Cancer Center (R05299) Other An annual contribution of \$1,000 or more is recognized with membership in the Can	\$ \$ \$
	For gifts of \$25,000 and up, you will be contacted for additional information.	wy Robinson Society.
NA - L -	I would like to pay my pledge on the following schedule:	
Make a pledge:	Amount: \$ July 2024–June 2025 Match Amou	ınt: \$
	Amount: \$ July 2025–June 2026 Match Amou	ınt: \$
	Amount: \$ July 2026–June 2027 Match Amou	ınt: \$
	Amount: \$ July 2027–June 2028 Match Amou	ınt: \$
	Matching gift provided by (company name)	
	Enclosed is my first pledge payment of \$	
	Please send an annual pledge reminder in the month of	
Ways to give:	□ Check (Make payable to Vanderbilt University Medical Center and designate gift in the memoline) □ Credit Card: □ Visa □ MasterCard □ American Express □ Discover □ One-time Gift: \$ □ Monthly Recurring Gift: \$ Card Number: Exp. Date: CVV: Card Holder's Name: Card Holder's Signature: Stock Transfer (Gift and Donor Services - (800) 288-0028 or DonorServices@vumc.org) □ I have included Vanderbilt University Medical Center in my estate plans.	
Your contact information:	Name:Spouse:	
Don't forget		
to sign:	Signature (required):	_Date:

VANDERBILT UNIVERSITY



MEDICAL CENTER

Mail to:

Vanderbilt University Medical Center Development

PO Box 290369

Nashville, TN 37229-0369

Questions? (800) 288-0028 or DonorServices@vumc.org

Thank you for your caring support of Vanderbilt University Medical Center. Every gift in every amount makes a difference.

