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Please direct my gift to:

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Other: \_\_\_\_\_

**PAYMENT INFORMATION**

CHECK IS ENCLOSED

- Please make your check payable to "Geisel School of Medicine." Use the memo line of your check to indicate if your gift is for a particular purpose or department.

**PAYMENT BY CREDIT CARD:**

Charge my gift as follows:  Visa  MasterCard  AmEx  Discover

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Your name as it should appear for donor recognition: \_\_\_\_\_

- Please do not include my name on recognition lists.
- I have remembered the Geisel School of Medicine or Dartmouth-Hitchcock in my estate plans.
- Please contact me about other ways to give, including gifts of stock, gifts that provide income, and estate gifts.

**Please return this form by mail to:** Office of Development and Alumni Relations  
Attn: Gift Recording  
One Medical Center Drive (HB 7070)  
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Need help making your gift? Contact us at 603-653-0700 or visit [DHGeiselGiving.org](http://DHGeiselGiving.org)

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