



# GIFT PLEDGE FORM

## DONOR INFORMATION

25.GSM Online Gifts

I would like to remain anonymous.

Donor Name(s)

Address

City

State

Zip

Phone

Email Address

I would like to make a pledge of \$ \_\_\_\_\_

Please direct my pledge to:

\$ \_\_\_\_\_ The Fund for Geisel (7)  
 \$ \_\_\_\_\_ MD Student Scholarships (7-101175)  
 \$ \_\_\_\_\_ Geisel Research and Discovery (7-110278)  
 \$ \_\_\_\_\_ **T o t a l**

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

## PLEDGE PAYMENT SCHEDULE

	Date	Payment Amount
FY25 Gift (July 1, 2024 - June 30, 2025)	/ /	\$
FY26 Gift (July 1, 2025 - June 30, 2026)	/ /	\$
FY27 Gift (July 1, 2026 - June 30, 2027)	/ /	\$
FY28 Gift (July 1, 2027 - June 30, 2028)	/ /	\$
FY29 Gift (July 1, 2028 - June 30, 2029)	/ /	\$

Please ensure your payment amounts add up to your total gift amount. You will receive a pledge reminder each year, detailing your pledges amount and payment options.

Donor Signature (required)

Date

## 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 program, department or fund.

PAYMENT BY CREDIT CARD

Visa

MasterCard

AmEx

Discover

Name on Card

Card Number

Expiration Date

CVV

Signature

## PLEASE RETURN THIS FORM BY MAIL TO:

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

Need help making your gift? Contact us at 603-653-0700 or visit [DHGeiselGiving.org](http://DHGeiselGiving.org)