



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)
\$ _____	Other:
\$ _____	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 if your gift is for a particular program, department or fund.

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

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

<input type="checkbox"/> I have remembered Dartmouth Health or the Geisel School of Medicine in my estate plans.
<input type="checkbox"/> Please contact me about other ways to give, including gifts of stock, gifts that provide income, and estate gifts.