Dartmouth GEISEL SCHOOL OF MEDICINE

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
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)	/ /	$
FY30 Gift (July 1, 2029 - June 30, 2030)	/ /	$

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