

**University of North Dakota School of Medicine  
& Health Sciences Annual Excellence Fund**



**I will be glad to support the *School of Medicine & Health Sciences* with a gift of:**

69765  
OnlinePC SMHS

Amount \$ \_\_\_\_\_

***See reverse side for instructions on making payment and recurring gift options.***

Please verify contact information:

Name \_\_\_\_\_ Address \_\_\_\_\_

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Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_



The UND Foundation, an independent non-profit organization, raises and manages funds that secure a strong future for UND and its students, faculty, and alumni.  
For more information visit [UNDfoundation.org](http://UNDfoundation.org) or call 800.543.8764.

***Payment Method (choose one):***

I would like to fulfill my gift of \$ \_\_\_\_\_ through installments:

Annually     Semi-Annually     Quarterly     Monthly, starting in \_\_\_\_\_ (month), for \_\_\_\_\_ years

Checking (attach voided check)     Savings (attach voided deposit slip)

(please make payable to UND Foundation with Medicine & Health Sciences Annual Excellence Fund in memo line)

I authorize the UND Foundation and the financial institution listed on my voided check or deposit slip to transfer funds from my bank account according to the schedule marked above until my pledge is fulfilled or I have canceled it in writing.

Signature: \_\_\_\_\_

I would prefer not to pay my pledge via electronic debit. Please send me pledge reminders.

***Remember UND in your estate plans.***     Please send me information on how I can include the UND Foundation in my estate plans.

***You could double your gift!***

Many employers will match donations made by their employees.

Please obtain the appropriate form from your personnel office and send it with your gift.

My employer's matching gift form is enclosed.