



Thank you for your generosity. Your gift brings hope and healing to patients and families.

I'd like to make a monthly recurring gift in the amount of: \$ \_\_\_\_\_

I'd like to make a one-time gift in the amount of: \$ \_\_\_\_\_

Your support is greatly appreciated. Please feel free to designate your gift to the area that has the greatest meaning to you

Winship Cancer Institute Discovery Fund

Winship Cancer Institute Patient Assistance Fund

The work of Dr. \_\_\_\_\_

Other (please write in) \_\_\_\_\_

This gift is in honor/memory of: \_\_\_\_\_

Please send acknowledgment of my gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PAYMENT INFORMATION**

My check is enclosed made payable to **Emory University**.

Charge the gift to my credit card

Type of credit card:

Visa

Mastercard

American Express

\_\_\_\_\_  
Name as listed on card

\_\_\_\_\_  
Credit card number Exp.

\_\_\_\_\_  
Signature

My employer or my spouse/partner's employer will match my gift.

To find out if your donation is eligible, go to [www.matchinggifts.com/emory](http://www.matchinggifts.com/emory)

Please have a development officer contact me about including Emory in my estate planning or visit [giftplanning.emory.edu](http://giftplanning.emory.edu)

Credit card gifts may also be made online at [together.emory.edu/give](http://together.emory.edu/give)

**PERSONAL INFORMATION**

Please provide your personal information for our records.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please return to:  
Office of Gift Accounting - Emory University  
1762 Clifton Road, Suite 2400  
Atlanta, GA 30322-4001

Please let us know if you wish to be removed from our mailing list. Gifts to Emory University are tax-deductible to the extent provided by law.