



REUNION GIVING FORM

☐ I pledge \$_____ to the Fund for the Geisel School of Medicine at Dartmouth in honor of my reunion celebration.

Payments will be made in the following increments:

\$ _____	payable by June 30, 2013
\$ _____	payable by June 30, 2014
\$ _____	payable by June 30, 2015
\$ _____	payable by June 30, 2016
\$ _____	payable by June 30, 2017

- ☐ Included is my first pledge payment of \$_____.
- ☐ I will make my first pledge payment at a later date, please send me a reminder.

Name (Please Print)

Signature

Date

Name: _____

Address: _____

City, State Zip: _____

Phone number: _____

Class year: _____

☐ Check enclosed.

Please make check payable to Geisel School of Medicine.

☐ Please charge this payment to:

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name as it appears on card: _____

Card number: _____

Expiration date: _____

☐ Annual gifts are recognized on the Web Donor Honor Roll. Please check this box if you prefer not to be listed.

For questions contact: Sara Lang at (603) 653-0761 or Sara.M.Lang@dartmouth.edu

Return form via email scan or fax to (603) 653-0712

Or mail the form to: Sara Lang

Geisel School of Medicine at Dartmouth

One Medical Center Drive, HB 7070

Lebanon NH 03756

Gifts to the Fund for the Geisel School of Medicine at Dartmouth are tax deductible to the fullest extent allowable by law. Our class gift will consist of all gifts to the Fund for the Geisel School of Medicine at Dartmouth made by class members between July 1, 2012 and September 30, 2013. All pledges made during this time will be included in the class gift total, and you will have five years to pay the amount you pledge.