Giving to the Vanderbilt Kennedy Center

I would like to make a gift in support of:	I would like to support the following area(s) of the Medical Center, with the amount indicated: ☐ Greatest needs at the Vanderbilt Kennedy Center ☐ Designate to specific Program or Research ☐ \$ An annual contribution of \$2,500 or more is recognized with membership in the Canby Robinson Society.		\$hip in the Canby Robinson Society.
	For gifts of \$25,000 and up, you will be contacted for additional information.		
Make a pledge:	I would like to pay my pledge on the following schedule:		
		July 2023 to June 2024	
	Amount: \$		
	Amount: \$	-	
	Amount: \$	•	
	Matching gift provided by (company name) Enclosed is my first pledge payment of \$		
	Please notify us if your employer provides matching gifts.		
Ways to give:	 □ Check (Make payable to Vanderbilt University Medical Center and designate gift in the memo line) □ Credit Card: □ Visa □ MasterCard □ American Express □ Discover □ One-time charge: \$ □ First pledge payment: \$ □ Monthly payment: \$ □ Monthly payment: \$ months* *Credit card pledges may extend for up to 12 months. Multiple-year pledges will be mailed a reminder for second and subsequent years. Card Number: Exp. Date: Card Holder's Name: Card Holder's Signature: Stock Transfer (Gift and Donor Services - (800) 288-0028 or donorservices@vumc.org) □ I have included Vanderbilt University Medical Center in my will. 		
	N		
Your contact information:	Name:		
	Address (Home Business):		
	City/State/Zip:		
	Email: Phone:		
Don't forget	I HOHE.		
to sign:	Signature (required):		Date:

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MEDICAL CENTER

Mail to:

Vanderbilt University Medical Center Gift and Donor Services 3322 West End Avenue, Suite 900 Nashville, TN 37203-1197

Questions? (800) 288-0028 or donorservices@vumc.org.

Thank you for your caring support of Vanderbilt University Medical Center. Every gift in every amount makes a difference.

