



STANFORD

SCHOOL OF MEDICINE

Stanford University Medical Center

Gift Form

Thank you for supporting Stanford University School of Medicine. Private funding provides critical support for innovative research as well as new and advanced patient care and services. To make a gift, please complete this form and return it with your payment.

Donor Information

First Name

M.I.

Last Name

Street Address

City

State

Zip Code

Country

Daytime Phone

Evening Phone

E-mail Address

This gift is given jointly with (name): _____

Address of joint donor (if different from above): _____

Gift Information

Gift amount: \$ _____

Please use my gift where it is most needed to support research, patient care, and education in the School of Medicine.

Please use my gift to support the following: OHNS

Tribute Gifts

This gift is given in memory of: in honor of:

Please send a notification card to: _____
Name Phone

Street Address City State Zip Code

Donor Name

Payment Information

- My check is enclosed payable to **Stanford University**.
- Please charge my contribution to my credit card (all fields below required)
- Visa MasterCard American Express Discover

Card Number

Expiration Date (mm/yyyy)

Cardholder Name (as it appears on card)

Signature

Other Information

My employer matches gifts.

- I have enclosed the appropriate forms.
- I will request matching gift forms from my employer.

I would like more information about the following:

- Planned giving opportunities, including wills, estate planning, gift annuities, charitable remainder trusts, and other planned gifts
- Permanent named gift opportunities in the School of Medicine

Please return your completed form and gift by mail or fax to:

Otolaryngology - Head and Neck Surgery
Development Services
PO Box 20466
Stanford, CA 94309
650.723.0020 (Fax)

Questions?

Please call us at 650.725.2504 (front desk)

Thank you for your gift to Stanford University School of Medicine