Gift form

Driven. The University of Minnesota Campaign

Thank you for your gift. Your generosity helps advance the *Driven* campaign—the largest philanthropic effort in University history. Gifts are made through the University of Minnesota Foundation, which will acknowledge and direct your gift to the program you designate.

Gift designation

This gift will be used for Orofacial Pain Endowed Professorship

(Indicate name of fund, project, department/affiliate, scholarship, etc.)

This gift is in ☐ memory of ☐ honor of

Notify Address

If this is for a capital project, the funds donated can be used to build, support, operate, and to pay for debt, both principal and interest, for the project.

Giving method

This commitment will be paid to the **University of Minnesota Foundation** in the following manner:

☐ **One-time** gift in the amount of $

☐ **Monthly:** Please charge my credit card or deduct from my bank account $ per month. *($5 minimum per fund)*

Payment method

☐ **Personal check** made payable to the **University of Minnesota Foundation** is enclosed *(For one-time gifts)*

☐ **Voided personal check is enclosed** *(For monthly gifts to be deducted from checking account)*

☐ **Securities transfer of these stocks:**

☐ **Credit card** *(For either one-time gifts or ongoing monthly gifts)*

Card number ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

M M Y Y

Expiration date

Matching gifts

My company matches gifts:

(Company name)

☐ I have enclosed the matching gifts form. ☐ I will send the form at a later date.

Donor information

Please acknowledge and credit this gift in the following way:

Name

Address

City State ZIP

Phone Email

Signature Date

☐ This gift is anonymous

Special instructions

Return completed form to:

University of Minnesota Foundation
P.O. Box 860266
Minneapolis, MN 55486-0266

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Driven to Discover℠

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