

THE DEAN'S  
**AESCULAPIAN  
SOCIETY**



**Yes!** I want to be part of the UCF College of Medicine  
Dean's Aesculapian Society.

**ENCLOSED IS MY GIFT OF:**

- ☐ \$1,000 to \$2,499 to become an Aesculapian\*
- ☐ \$2,500 to \$9,999 to be a Gold Aesculapian\*
- ☐ \$10,000 or more to be a Dean's Circle Aesculapian\*
- ☐ Other \$\_\_\_\_\_ (non-Aesculapian, if under \$1,000)
- ☐ I do not wish to receive any benefits in exchange for  
this contribution (required if paying through a donor-  
advised fund)

\* The IRS requires us to state for Aesculapians \$83, for Gold Aesculapians \$96,  
and for Dean's Circle Aesculapians \$148 is not tax deductible as it represents  
a reportable benefit to you.

**TOTAL GIFT AMOUNT: \$** \_\_\_\_\_

- ☐ One-time payment
- ☐ Quarterly payment beginning on \_\_\_\_\_
- ☐ My check is enclosed and made payable to  
**UCF Foundation, Inc.**
- ☐ My company has a matching gift program
- ☐ Please charge my gift to:

☐ Corporate Credit Card ☐ Personal Credit Card

Card type: ☐ Visa ☐ MC ☐ AmEx

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*Required for advance notice of events*

Signature \_\_\_\_\_

I authorize my credit card company to charge my account and pay  
UCF Foundation, Inc. the amount indicated above.

**UCF College of Medicine**

P.O. Box 160116

Orlando, FL 32816-0116

**Thank you for your generous support.**

Give online at **[www.med.ucf.edu/giving](http://www.med.ucf.edu/giving)**