

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

ENCLOSED IS MY GIFT OF:

- \$1,000 to \$2,499 to become a Silver Member*
- \$2,500 to \$9,999 to be a Gold Member*
- Other \$ _____ (non-Member, 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 that for Silver Members \$83 and for Gold Members
\$108, 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.

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Thank you for your generous support.

Give online at www.ucffoundation.org/givetomedicine