

TUMOR ORGANOID RESEARCH FUND AT THE COMPREHENSIVE CANCER CENTER

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Home  Cell  Business

- This is a joint gift with my spouse.
- I wish to remain anonymous; do not list my name in publications.

**GIFT / PLEDGE INFORMATION**

**I/We make a total personal pledge of:** \$ \_\_\_\_\_

Amount paid herewith: \$ \_\_\_\_\_

**I/We want to give**  Monthly  Quarterly  Annually

Amount of each payment: \$ \_\_\_\_\_

Beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_

Ending (month/year): \_\_\_\_\_ / \_\_\_\_\_



**GIFT PAYMENT OPTIONS**

**Cash or Check:** (Please make check payable to Wake Forest University Health Sciences)

**Credit Card:** Card # \_\_\_\_\_ Exp. date \_\_\_\_ / \_\_\_\_

VISA  MasterCard  American Express  Discover

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

- I am interested in making a gift of stock, bonds, mutual funds, or other property. Please contact me.
- In lieu of making a pledge, I intent to recommend a distribution from my donor advised fund.
- My payment will be matched by my employer's matching gift program: \_\_\_\_\_ (company)  
I have enclosed the completed application form or have submitted it electronically.

Signature \_\_\_\_\_

Spouse's signature (if applicable) \_\_\_\_\_

**THANK YOU FOR YOUR GENEROSITY!**

Office of Philanthropy and Alumni Relations  
Wake Forest Baptist Medical Center  
PO Box 571021  
Winston-Salem, NC 27199-2503