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I/We support the future of Indiana University School of Medicine with a gift of:

- \$5,000 \$2,500 \$1,000 \$500 \$100 \$ _____

Designation

<u>Class of 1984 Scholarship</u> Account Name	<u>P370014603</u> Account Number	\$ _____ Total
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_____ Account Name	_____ Account Number	\$ _____ Total
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Make check(s) payable to: **IU Foundation**

This gift will be established as a pledge: I/We will fulfill this commitment with annual installments over _____ years. The first installment will be made in _____ 20_____.

This gift will be matched by: _____
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- Matching documents are enclosed Matching documents will be sent separately

Please return this form to:

Indiana University School of Medicine
c/o Indiana University Foundation
PO Box 7072
Indianapolis, IN 46207-7072

THANK YOU!

The Indiana University Foundation solicits tax-deductible private contributions for the benefit of Indiana University and is registered to solicit charitable contributions in all states requiring registration. For our full disclosure statement, see go.iu.edu/89n. Gifts received that are not designated for a specific area will be credited in equal portions to the areas indicated on the form.