



**DONOR INFORMATION**

Gift Recognition Name(s)

Address, City, State, Zip

Preferred Phone Number

Preferred Email Address

*Email Disclosure: By providing your email address, you are opting to receive emails from Indiana University.*

**YOUR GIFT INFORMATION**

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

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

**Designation**

Class of 1989 Walter J. Daly Scholarship

P370014604

\$

Account Name

Account Number

Total

\$

Account Name

Account Number

Total

\$

Account Name

Account Number

Total

\$

Gift Total

**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: \_\_\_\_\_  
Company Name

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!**