

ENCLOSED IS MY/OUR GIFT OF \$ _____

Check enclosed. Please make check payable to the University of Maryland Baltimore Foundation, Inc. (UMBF, Inc.).

Please charge my credit card: Visa MC AmEx Discover

Card #: _____ **Exp:** _____ **Security Code:** _____

Signature: _____

Please bill my credit card monthly until _____ (date). You will receive a gift receipt by year-end for tax purposes.

Gift of Tribute: In memory of _____ In honor of _____

For (Graduation, Anniversary, Wedding, Birthday, etc.): _____

Is this a matching fund? Yes No

A matching gift is an easy way to double, even triple, the impact of your gift to UMSOD. Many employers offer this benefit to their employees and their spouses.

Name: _____ **Organization/Company:** _____

Address: _____ **City/State/ZIP:** _____

Phone/Fax: _____ **E-mail:** _____

Yes, I would like to designate my/our gift to a specific department or program.

If so, please specify: _____

Yes, I am interested in receiving estate planning information.

If so, please specify: _____



UNIVERSITY *of* MARYLAND
SCHOOL OF DENTISTRY

*2013 Annual
Fund Campaign*

We invite you to consider membership
in one of the following giving societies:

- Dean's Circle: \$2,500+
- Innovator's Circle: \$1,000 – \$2,499
- Partners: \$500 – \$999
- Patrons: \$250 – \$499
- Friends: \$100 – \$249
- Young Alumni Circle: \$25

Thank you in advance for
supporting the annual fund.

