



My gift will be matched by my company (or the company of my spouse).

Company name: _____
(Please include your company's matching gift form).

Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Home Phone: () _____
Business Phone: () _____
Cell Phone: () _____
E-mail: _____

Please identify which vehicle of communication you prefer
for future correspondence: Mail E-mail

My check is enclosed, payable to:
Morehouse School of Medicine for \$

Please charge my: VISA MasterCard AmEX

I authorize Morehouse School of Medicine to charge my
account in the amount of \$

Name on Card: _____

Account #: _____

Exp. Date: /

CCID: _____

Signature: _____