

UNT HEALTH SCIENCE CENTER | DONATION FORM

DONOR INFORMATION

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WHERE TO GIVE

Student Scholarships

- College of Pharmacy
- Graduate School of Biomedical Sciences
- Physical Therapy Program
- Physician Assistant Studies
- School of Public Health
- Texas College of Osteopathic Medicine

Research and Outreach

- Addiction Studies
- Aging and Alzheimer's Research
- Cancer Research
- Eye Research
- Mobile Vision Screening
- Pediatric Mobile Clinic
- Seniors Assisting Geriatric Education (S.A.G.E.)
- Area of Greatest Need or **Other** _____

Dean's Excellence Fund

- College of Pharmacy
- Graduate School of Biomedical Sciences
- Physical Therapy Program
- Physician Assistant Studies
- School of Public Health
- Texas College of Osteopathic Medicine

**These funds provide unrestricted financial support to be used at the dean's discretion to respond to areas of greatest need.*

Donation amount: _____ This is a one-time gift. This is a recurring gift.

TRIBUTE GIFT

- My gift is in honor of... My gift is in memory of...

Name(s): _____

Please notify _____ of my gift. Address: _____

METHOD OF PAYMENT

Please charge my:  American Express  Discover  MasterCard  Visa

Name on Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

- Enclosed is a check made payable to the UNTHSC Foundation (mail to address listed below).

MAIL TO

UNTHSC Foundation
3500 Camp Bowie Blvd., EAD 802
Fort Worth, Texas 76107

GIVE ONLINE

unthsc.edu/giving

QUESTIONS

Please call (817) 735-2445 or email
giving@unthsc.edu

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