



# Donor Gift Form

*Please print*



Donor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Email Address: \_\_\_\_\_

### Gift Information

My gift of \$ \_\_\_\_\_ to support the PDCMDC and its Fellowship Training Program (#2280700101).

**Check:** The enclosed check (*made payable to Baylor College of Medicine*) for the full amount of my gift is mailed to: Office of Philanthropy and Alumni Relations, MSC #800, P.O. Box 4976, Houston, TX 77210.

**Charge:** I will make a secure, online credit card payment at <https://connect.bcm.edu/neurology>  
(*Select Parkinson’s Movement Disorders Fellowship Fund from the drop down menu*)

**Pledge:** My gift of \$ \_\_\_\_\_ will be paid with  monthly  quarterly  annual installments of \$ \_\_\_\_\_  
beginning on \_\_\_\_\_ (date). By signing below, I pledge the amount indicated above.

\_\_\_\_\_  
Signature (required for pledge commitment)

\_\_\_\_\_  
Date

Please contact me about:  a deferred or non-cash gift  a gift with appreciated stock

### Honor/Memorial Gifts

This gift is made  in honor of:  in memory of:  as a grateful patient of:

Name: \_\_\_\_\_

Please notify the following of my honor/memorial gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Matching Gifts

My gift will be matched by: (*Please specify company name below and attach your company’s matching gift form*)

### Online Giving

<https://connect.bcm.edu/neurology> (*Select Parkinson’s Movement Disorders Fellowship Fund from the drop down menu*)

*You have the right to decline future education and development communications. If you do not want us to contact you for our fundraising efforts, please contact the Office of Philanthropy and Alumni Relations at 713-798-4714 or [optout-development@bcm.edu](mailto:optout-development@bcm.edu).*