Your Physician Assistant training gave you the expertise, breadth of experience and knowledge necessary not only to help your patients but also to lead, innovate and shape the future of healthcare. Make sure the PA students who follow in your footsteps have the same opportunity to learn from expert faculty at Baylor College of Medicine and its world class clinical facilities by supporting the Physician Assistant Alumni Student Scholarship Endowment Fund.

Your pledge of just $25 a month for five years can go a long way toward keeping our PA program at the forefront of PA education and clinical practice, continuing to recruit the best and the brightest and challenging them intellectually. You can feel good knowing that because the scholarship is endowed, your gift will benefit PA students every year, forever.

Look for more information about 25 for 5: The Physician Assistant Alumni Student Scholarship Campaign when it is up and running this fall. If you are ready to make your pledge today, flip over this flyer and fill out the form. Thank you!

For more ways you can help the PA program and some ways the program and the Alumni Association can help you, please email alumni@bcm.edu or call 713.798.4054.
ALUMNI

Donor Name: ____________________________________________

Mailing Address: _______________________________________

City: ____________________________ State: ___________________ Zip: ______________________

Daytime Phone: _______________ Evening Phone: _______________ Email Address: ______________________

GIFT INFORMATION

My gift of $______________ should be designated to support the Physician Assistant Alumni Student Scholarship Endowment Fund.

☐ Check: A check (made payable to Baylor College of Medicine) for the full amount of my gift is enclosed.

☐ Charge: Please charge my credit card for the full amount of my gift:

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Number: ______________________ Exp. Date ______________________

Name as it appears on card: _________________________________

Signature: ____________________________ Date: ________________

☐ Pledge: My gift of $______________ will be paid  ☐ monthly  ☐ quarterly  ☐ annually  in installments of

$______________, beginning ______________. By signing below, I pledge the amount indicated above.

Signature (required for pledge commitment): ____________________________ Date: ________________

A signed form must be returned in order for BCM to accept a pledge commitment. The Office of Development and Alumni Affairs will send reminders.

☐ I would like to be contacted about making:  ☐ 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: ________________________________

Mailing 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)