



THANK YOU FOR YOUR LOYALTY

Name(s) _____ Class Year _____

Address _____

City, State, Zip _____

Preferred Phone _____

E-mail _____

COMMITMENT

I/We support UNC MEDICINE as designated below:

The Loyalty Fund \$ _____

Class Reunion Gift to the Loyalty Fund \$ _____

Class of _____ Scholarship/Fund \$ _____

Other: _____ \$ _____

TOTAL GIFT AMOUNT \$ _____

GIFT OPTIONS

\$10,000 \$2,000 \$500 Other \$ _____

\$5,000 \$1,000 \$250

This is a:

One time gift

Recurring gift:

Monthly gift for _____ months Quarterly gift until ____/____/____

PAYMENT INFORMATION

Give securely online at giving.unc.edu/gift/maa

Check enclosed made payable to the Medical Foundation of NC

Mastercard Visa American Express

Acct # _____

Exp Date _____ CVV _____

Signature _____

I authorize the Medical Foundation of NC, Inc. to retain my credit card information and charge each installment until my pledge is fulfilled.

UNC MEDICINE ANNUAL RECOGNITION LEVELS

ANNUAL SCHOLARSHIP DONOR

\$10,000 OR GREATER

1879 SOCIETY

\$5,000 TO \$9,999

DEAN'S CIRCLE/CO-FOUNDERS

\$2,000 TO \$4,999

LOYALTY FUND ASSOCIATE

\$1,000 TO \$1,999

JUNIOR LOYALTY FUND ASSOCIATE

\$500 GRADUATES OF 5-9 YEARS

\$250 GRADUATES OF 4 OR LESS YEARS

THE W. REECE BERRYHILL SOCIETY

The Berryhill Society recognizes donors who have a documented planned gift benefiting the UNC School of Medicine.

UNC School of Medicine is currently in my estate plan.

Please contact me about beneficial ways to include UNC in my estate plan.

OTHER WAYS TO GIVE

Endowments, estate planning, stock gifts, and pledges: 800.962.2543

Secure Online Giving: www.med.unc.edu/alumni

Corporate Matching Gifts: www.matchinggifts.com/unc

Gifts received to the Loyalty Fund at the Medical Foundation of NC, Inc. for the UNC School of Medicine must be processed by June 30 to count in the current academic year.

THANK YOU FOR YOUR LOYALTY

THE MEDICAL FOUNDATION OF NC, INC.

800.962.2543 • med.unc.edu/alumni