

DuBard

School for Language Disorders

Annual Giving



This is a matching gift Yes No (enclose form)

I would like to donate \$ _____

- Direct services to children
- Professional development
- Research
- Where need is greatest
- Immediate use
- Endowment
- Please contact me with information on setting up an endowment.

This gift is in memory of in honor of

Please send additional acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

DONOR INFORMATION

Donor(s) Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

I give permission to publicize my name. Yes No

I give permission to disclose amount of gift. Yes No

METHOD OF PAYMENT

- Check payable to the USM Foundation.
Write "DuBard School" in memo line of check.
- Cash

Credit Card: Visa MasterCard American Express

Name of Cardholder _____

Account Number _____ Expiration Date _____

Signature _____

Thank you for your support!