

MAKE A DONATION



DONATION AMOUNT: \$ _____

☐ I would like to automatically repeat my gift every month.

Please designate my gift to this fund: Leukemia Research Fund
Greenebaum Comprehensive Cancer Ctr.

PAYMENT OPTIONS

☐ My check is enclosed, payable to UMMS Foundation.

☐ Please charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

NAME ON CREDIT CARD

CREDIT CARD NUMBER

EXPIRATION DATE

3-DIGIT SVN CODE OR 4-DIGIT FOR AMEX.
(ON BACK OF CARD)

☐ BUSINESS CREDIT CARD

☐ PERSONAL CREDIT CARD

DONOR INFORMATION

TITLE FIRST NAME LAST NAME SUFFIX

JOINT GIFT NAME (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP

PHONE

☐ CELL

☐ HOME

☐ BUSINESS

EMAIL

☐ My employer, _____, will match my gift. (Please be sure your employer completes required paperwork to match your gift.)

Is this a tribute gift?

☐ in honor of

☒ in memory of

Honoree name: Sandra Mellema

We are happy to notify the honoree/family of the memorialized of your generosity. Please provide the appropriate contact information and any special message below.

Name of individual/family you would like to notify of your gift: Ernest Mellema

1198 Ramblewood Drive

Annapolis

MD

21409

ADDRESS

CITY

STATE

ZIP

MESSAGE

THANK YOU FOR YOUR SUPPORT!

PLEASE MAIL TO:
UMMS Foundation
P.O. Box 64573
Baltimore, MD 21264-4573

We deeply appreciate your support. If you prefer not to receive fundraising communications from UMMS Foundation, please call 410-328-5770 and we will remove you from our list.