

TOGETHER WE CAN

Create Lasting Change

THANK YOU for supporting the Faculty and Staff Medical Student Scholarship Endowment!

Your tax-deductible gift in any amount makes a difference and supports medical students at the University of Nevada, Reno School of Medicine.

Name: _____ Employee ID#: _____

Department: _____ Mailstop: _____

Address: _____

Phone: _____

WAYS TO GIVE

1. I'd like to contribute with a recurring gift through Payroll Deduction to support the Faculty and Staff Medical Student Scholarship Endowment (#605728) with a monthly gift.

New Payroll Deduction

\$5 \$15 \$25 \$40 \$50 \$100 Other \$ _____

I hereby authorize the deduction of the above amount each month from my paycheck to the University of Nevada, Reno Foundation. These deductions will continue until further notice.

Change in Existing Payroll Deduction

I hereby authorize a change in my existing payroll deduction from \$ _____ to \$ _____.

These deductions will continue until further notice.

Deduction Starting Date: _____ Signature: _____

2. I'd like to contribute with a Check. Along with your check made payable to **UNR Foundation**, please complete this form and return it to the School of Medicine Development Office (MS 0530) on the ground floor of the Pennington Medical Education Building, Room 028. Please indicate fund #605728 in the memo.

3. I'd like to contribute with a Credit Card.* You can make a one-time or recurring gift securely online. Please visit: med.unr.edu/give.

**When making a gift by credit card, please note that processing and transaction fees apply.*