



Make a gift to the University of South Alabama

I am a: (Please check all that apply) Friend Parent Grandparent USA Employee USA Alumni

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: (_____) Email: _____

I wish to make a gift to the University of South Alabama as follows:

Gift Purpose: (check all that apply)

- I designate my gift to: Dr. Cecil L. Parker, Jr. Sickle Cell Disease Distinguished Lectureship Endowment
- This gift is in Honor/Memory (circle one) of: Please notify: _____
- Please credit this gift to: Me only My spouse & me. My spouse's FULL name: _____

Please list my/our name as follows: _____

Gift or Pledge Amount:

- I am making a one time gift of: \$ _____
- I pledge \$ _____ per month to be deducted from my Credit Card or Checking Account.

Please continue monthly deductions as follows:

- Until I provide notification to Stop OR Until _____ (month/year)

Gift Fulfillment:

- My check is enclosed (please make checks payable to USA - Parker Endowment Fund).
- Electronic Funds Transfer: (please send VOIDED CHECK with this form).
- Please charge my Credit Card:(check one) Visa MasterCard Discover AmEx

Card Number _____ Exp. Date _____ Name on Card _____

Matching Gift Information:

- I work for _____ (company name) that has a corporate matching gift program and will match this gift. (Obtain appropriate forms from your HR department and mail to the USA Office of Health Sciences Development).

Signature: _____ Date: _____

To contact the USA Office of Health Sciences Development, call (251) 460-7032.

This form and gift payments should be returned to: University of South Alabama - Office of Health Sciences Development
300 Alumni Circle, Mobile, AL 36688-0002
rbanks@southalabama.edu