

UMA Matching Gift Option

All UMA employees who contribute their YES Campaign gift to the Hospital Authority Building Fund are eligible for a dollar for dollar match. UMA will match the first \$50,000 contributed to this fund. There is no minimum or maximum gift required to utilize the match. You can make a gift to this fund via payroll deduction or an outright gift .

I wish to utilize my UMA Matching Gift Option to the Hospital Authority Building Fund.
My personal gift is \$ _____. My matching gift is \$ _____.

Mail to: The 2008 YES Campaign c/o The MUSC Foundation • 18 Bee Street • MSC 450 • Charleston, SC 29425

Thank you for your support! If you have any questions, please contact Emily Ferraro,
YES Campaign Coordinator, at 792-1973 or by email at ferraroe@musc.edu.
The Internal Revenue Service asks that we inform you that no goods or services
are received in return for your donation.



2008 YES Campaign Gift Form

Date _____

Dr./Mr./Ms./Mrs. _____

First

MI

Last

Date

Needed for tax receipting purposes.

Home Address _____

City _____ State _____ Zip _____

Department Name _____

Department MSC# _____ Department # _____

Work Phone # _____ SS# (last 4 #s) _____

Email Address _____

Please select one of the following methods of giving:

A check/cash for my gift is enclosed. Checks should be made payable to The MUSC Foundation.

\$1,000 (Society of 1824 Membership) \$500 \$250 \$100 \$50 \$_____ Other

I'd like to make a gift through payroll deduction.

Select one: MUSC MUHA UMA CFC

Pay period: monthly biweekly \$_____ per paycheck through June 2009.

Please deduct pledge from payroll for one year only. I will renew my pledge during next year's campaign.

Please automatically renew my payroll deduction pledge until otherwise notified by me.

I authorize the above payroll deduction amount beginning July 2008 to the MUSC Foundation.

Employee Signature _____

One time pledge to be paid by check or credit card by June 30, 2009.

Gift amount \$_____. Please send me a reminder in _____ (specify month).

Credit Card # _____ Exp. date _____

Gift amount \$_____ Visa MasterCard American Express

Employee Signature _____

Gift Designations

Visit www.musc.edu/giving for an active listing of funds within The MUSC Foundation. Please indicate how you would like to designate your gift. Your gift can be dispersed to more than one fund.

1. _____
Designated area of need _____ Amount per pay period _____

2. _____
Designated area of need _____ Amount per pay period _____

Total gift amount per pay period \$_____

Honor/Memorial Gifts (all blanks must be filled in)

I would like to make a gift in honor/memory of:

_____ Relationship: _____

Send notification of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Visit www.musc.edu/giving to make your gift online.