

|   |                                 |  |                                       |
|---|---------------------------------|--|---------------------------------------|
| <b>Personal Information:</b> (* Required Field)   |                                 |  |                                       |
| <b>*First Name:</b>   |                                 |  |                                       |
| <b>*Last Name:</b>  |                                 |  |                                       |
| <b>*Address:</b>  |                                 |  |                                       |
| <b>*City, State, Zip:</b>   |                                 |  |                                       |
| <b>*Area Code / *Phone #:</b>   |                                 |  |                                       |
| <b>Email:</b>   |                                 |  |                                       |
| <b>Class Year, if applicable:</b>   |                                 |  |                                       |
| <b>Gift Amount:</b> (Amount Required)   |                                 |  |                                       |
| <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$2500 | <input type="checkbox"/> \$1,888   | <input type="checkbox"/> \$1,500      |
| <input type="checkbox"/> \$1,000  | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ 100  | <input type="checkbox"/> Other: _____ |
| <b>Please designate my gift for the following purpose:</b>  |                                 |  |                                       |
| <input type="checkbox"/> Scholarship Support<br><input type="checkbox"/> Area of Greatest Need (Unrestricted)<br><input type="checkbox"/> Other _____   |                                 |  |                                       |
| <b>My gift is given in honor or memory of (<i>please indicate honorary or memorial</i>):</b>  |                                 |  |                                       |
|   |                                 |  |                                       |
| <b>Please notify the following of this honorary/memorial gift:</b>  |                                 |  |                                       |
|   |                                 |  |                                       |
| <input type="checkbox"/> Check or Money Order is enclosed.  |                                 | <input type="checkbox"/> Please charge my credit card (MC, Visa, AmEx or Discover) |                                       |
| <b>Name on Credit Card:</b>   |                                 |  |                                       |
| <b>Card Number:</b>   |                                 |  |                                       |
| <b>Expiration Date:</b>   |                                 |  |                                       |
| <input type="checkbox"/> I wish to have my gift remain anonymous.<br><input type="checkbox"/> I have remembered Geisinger Commonwealth School of Medicine in my estate plan.<br><input type="checkbox"/> I would like to receive additional information on gift planning.<br><input type="checkbox"/> I would like to receive additional information on named scholarships. |                                 |  |                                       |
| <input type="checkbox"/> My company or my spouse's company will match this gift.  |                                 |  |                                       |
| <b>Employer Name:</b>   |                                 |  |                                       |
| <b>For Donor Recognition, please include this name:</b>   |                                 |  |                                       |

**Thank you for your support of Geisinger Commonwealth School of Medicine!**