



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

Investing in the Future of Medicine at Indiana University

Yes, I/we wish to support the **Division of Hematology/Oncology** at Indiana University School of Medicine through the following commitment:

I/we prefer that this gift remain anonymous

My/our gift is In Honor of In Memory of

Name(s)

Print tribute name here

Preferred Address Home Business

Please send acknowledgment of this tribute gift to:

Preferred Phone Home Business

Name

Address

E-mail

City, State, Zip

Thank you for making a difference. All gifts are appreciated.

Please accept my/our gift of:

I would like my/our gift to support:

\$ _____

Hematology/Oncology (38MMED153)

My check is enclosed payable to:
IU Foundation – Hematology/Oncology

Lawrence Einhorn Chair in Oncology (37MMED288)

William P. Loehrer Family Research Fund (37MMED114)

This gift will be matched by: _____
(Please print name of company or foundation and enclose matching gift form.)

I would like additional information about giving to the Division of Hematology/Oncology.

Please check here if you do not wish to receive future solicitations.

If you wish to charge your gift to VISA, MasterCard, Discover or American Express, visit our secure website at <http://medicine.iupui.edu>

Indiana University School of Medicine is honored and grateful to receive your generous support.

You will receive a receipt for your tax-deductible gift from the IU Foundation.

All personal information will be kept confidential.

Please return this personal gift commitment form to:

Indiana University School of Medicine
c/o Indiana University Foundation
PO Box 660245
Indianapolis, IN 46266-0245

For additional information about arranging a gift to the support the department, please contact Mary Maxwell, Development Director, at (317) 274-7409 or mmaxwell@iupui.edu.