



STANFORD

SCHOOL OF MEDICINE

Yes, I would like to support Stanford University School of Medicine through a gift to:

STANFORD MEDICAL FUND

Supports the Learning and Knowledge Center, the new home of Stanford School of Medicine.

- \$5,000 (Cornerstone Society)
- \$1,500 (Dean's Circle)
- \$1,000 (Professors' Circle)
- \$500 (Scholars' Circle)
- \$250
- \$100
- \$50
- Other \$ _____
HAJTH

MEDICAL SCHOLAR FUND

Allows MD-seeking students the opportunity to undertake research projects under the direction of one or more faculty advisors.

Amount of Gift: \$ _____
HAISY

MD SCHOLARSHIP FUND

Provides funds for MD-seeking students on the basis on financial need and enable them to pursue their studies at the School of Medicine.

Amount of Gift: \$ _____
HAHEN

PhD FELLOWSHIP FUND

Provide a basic living stipend for all PhD-seeking students admitted to the School.

Amount of Gift: \$ _____
HAGWF

OTHER GIFT DESIGNATION

I would like my gift to support the following area at Stanford School of Medicine.

DESCRIPTION OF GIFT PURPOSE

Amount of Gift: \$ _____

Donor Information

NAME(S)

ADDRESS

CITY

STATE

ZIP CODE

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PHONE

E-MAIL ADDRESS

I am making my gift by:

- Check (payable to *Stanford University*)
- Visa MasterCard American Express

Mailing Instructions

Office of Medical Development
2700 Sand Hill Road
Menlo Park, CA 94025-7020
Phone: (650) 234-0609

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE

- Please do not list my name in donor recognition publications.