



HARVARD
MEDICAL SCHOOL

TRIBUTE GIVING

YOUR CONTACT INFORMATION

First and Last Name(s): _____

HMS Class Year(s) *(if applicable)*: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

GIFT INFORMATION

Please accept my gift of \$ _____ ☐ in honor of or ☐ in memory of
(amount) (check one)

_____ HMS Class Year _____
(name) (if applicable)

to support (check one)

- | | |
|--|--|
| <input type="checkbox"/> Where it is Needed Most | <input type="checkbox"/> Financial Aid and Education |
| <input type="checkbox"/> Diversity and Community | <input type="checkbox"/> Global Health and Service |
| <input type="checkbox"/> Research and Therapeutics | <input type="checkbox"/> Other: _____
(fund name) |

☐ My, or my spouse's, employer, _____, will match this gift.
(matching gift company name)

GIFT NOTIFICATIONS

In the case of memorial gifts, the leader of the fundraising effort will receive a notification that a gift has been made. In the case of honoree gifts, HMS will also send the honoree a notification of the gift.

Please send to:

First and Last Name(s): _____

HMS Class Year(s) *(if applicable)*: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

**Please make your check payable
to Harvard Medical School and mail to:**

Harvard Medical School
Alumni Affairs and Development
P.O. Box 419720
Boston, MA 02241-9720