

GRADUATING CLASS GIFT CAMPAIGN

CLASS OF 2020: SUPPORTING FUTURE STUDENTS!



To celebrate our graduation from medical school and the beginning of our lives as Duke doctors and alumni, we, the graduating students, are teaming up to support the School of Medicine through a Class Gift. The Graduating Class Gift Campaign allows us to show appreciation for the top-tier medical education we received and to experience the satisfaction of giving and to honor the new crop of med students by raising funds to support the Medical Scholarship Fund.

Remember:

- Every gift (**even \$1.00**) makes a difference – and counts towards our overall goal of **100% participation!**
- Funds raised directly benefit Duke medical students
- If you choose to give a multi-year pledge, the entire amount counts towards our class gift total

Special Opportunity this year!

- All who make a minimum gift of \$20.20 will be invited to join the **Davison Club** – Davison Club members are invited to a variety of special alumni events throughout the year and are recognized as leadership donors. Your name will be included on the donor wall in the Trent Semans Center and on our online honor roll. You will also receive a Duke Medicine/Davison Club lapel pin to wear proudly.

From your Graduating Class Gift Campaign Committee,

Jenna Frush, Emily Barney, Alyssa Calland, J.T. Tanaka, and Luke Wachsmuth

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*Gifts will be allocated to the Medical Scholarship Fund (398-5100/MEDSOM20)



A. I WOULD LIKE TO MAKE A:

One-time gift of (check amount below)

_____ \$20.20 (Davison Club member for 1-year)

_____ \$1 _____ \$25 _____ \$50 _____ \$100

_____ \$150 _____ \$200 _____ Other

5-Year Davison Club Pledge (see right) - - - - - >

5-YEAR PLEDGE	2020	2021	2022	2023	2024	Pledge Total
★ Davison Club Pledge	\$250 \$20.20	\$250	\$250	\$250	\$250	\$1020.20

B. PAYMENT METHOD:

Check (Make checks payable to Duke University)

Cash

Credit Card Payment –

Circle one: MC VISA AMEX Discover

Account Number: _____

Name on card: _____ Exp. Date: _____

Signature: _____

Name: _____

Email: _____

DIRECT ANY QUESTIONS AND MAIL FORM BACK TO:
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