

# The UAB Center for Aging

*Your contribution to the Center for Aging helps add years to life - and life to years.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Enclosed is my tax-deductible gift to support the UAB Center for Aging.

\$50       \$100       \$250       \$500       Other

\$ \_\_\_\_\_

This gift is made in honor of \_\_\_\_\_ or memory of \_\_\_\_\_

Please notify the following that I have made this gift in the honor/memory of their loved one:

Name \_\_\_\_\_ Relationship to honoree \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Payment Options

Check enclosed, payable to the UAB Center for Aging

Credit Card:  Visa     MasterCard     American Express     Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

If you wish to use **appreciated securities** to make this gift, call Virginia Gilbert Loftin at (205) 975-5602.

Does your employer have a matching gift program? Please consider using it to match your gift.

I would like information on including the UAB Center for Aging in my estate plan.

Thank you for your generous support of the UAB Center for Aging.