

UNC School of Pharmacy

Make a Gift



Name _____

I have enclosed a check for \$ _____ made payable to
Pharmacy Foundation of NC

Please charge my gift of \$ _____ to Visa or MasterCard

Name on card _____

Account number _____ Exp _____

Signature _____

Gift Designation

- Student Scholarships
- School's greatest needs
- Pharmacy Alumni Association
- Other (please specify) _____

Matching Gifts

Matching gifts can double or even triple your gift. If your employer has a matching gifts program, your human resources department can provide a matching gift form to enclose with your gift.

I have enclosed my company's matching gift form.

Do you have questions? Please contact the Office of Advancement at 919-966-1929, e-mail address pharmacygiving@unc.edu.

Write to us at UNC Pharmacy, CB# 7296, Chapel Hill, NC 27599-7296. www.pharmacy.unc.edu