

Department of Oral Biology

Donation Form



Name _____

Address _____

City _____ State _____ Zipcode _____

I want to donate:

- \$ 1,000
- \$ 500
- \$ 250
- \$ 100
- \$ 50
- \$ 25
- \$ Amount of my choice

Payment method:

- I have enclosed my check (made payable to UB Foundation)
- Please charge this gift to my:
 - Visa Master Card

Card number

Expiration date

This gift is in honor of: _____

In memory of: _____

Name of honoree: _____

We thank you for your thoughtful gift.