

Please print this form and write the name of the actual fund you would like your contribution directed to. Please mail to:

Gerald H. Evans, DDS
Head of Periodontics Department
LSUHSC School of Dentistry
1100 Florida Avenue Box 138
New Orleans, LA 70119

Choose one: _____ LSUHSC Foundation Resident Research and Education Fund _____ LSUHSC Foundation Periodontics Support Fund

GGift Amount:
 \$2500 \$1000 \$500 \$250 \$100 Other: _____

I want to contribute the amount indicated above annually for:
 5 years 3 years **OR** One-time gift

(I would like to fulfill my pledge: Monthly* Quarterly Bi-annually Annually)

*Automatic charges to your debit or credit card. No pledge reminders mailed.

Print Full Name

Address: Business / Home (circle one)

City _____ State _____ ZIP _____

Phone _____ Email _____

Visa MC AmEx Discover Check to **LSU Health Foundation**

Card Number _____ Exp. Date _____

Signature _____ Security Code (last 3 digits on back) _____

LSU TAF ID# *: _____

***ALL GIFTS TO THE FOUNDATION ARE NOW ELIGIBLE FOR TIGER ATHELETIC POINTS AS OF JANUARY 2017 (see gold insert for details).**

My company / Spouse's company matches gifts (please attach form)

Please send me information about how to make a stock donation.

LSUSD is included in my will.

I would like information on planned giving.

You can also give online at www.lsusd.lsuhs.edu or by calling (504) 941-8120 or (504) 941-8367.