

DONOR CONTACT INFORMATION

First and Last Name(s): _____ HMS Class Year(s) *(if applicable)*: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

☐ This is a joint gift from both my spouse/partner and me

Spouse/Partner First and Last Name(s): _____

Harvard Class Year(s) *(if applicable)*: _____ Harvard School(s) *(if applicable)*: _____

GIFT AND TRIBUTE INFORMATION

Please accept my gift of \$ _____ in
(amount)☐ **honor of** or ☐ **memory of** _____ HMS Class Year _____
(check one) (name) (if applicable)**to support** (check one)☐ Where it is Needed Most☐ Culture and Community☐ Research and Therapeutics☐ Financial Aid and Education☐ Global Health and Service☐ Other: _____
(fund name)☐ My, or my spouse's, employer, _____, will match this gift.
(matching gift company name)

TRIBUTE NOTIFICATIONS

Please provide the following information we can notify an honoree or next-of-kin of your gift

First and Last Name(s): _____

HMS Class Year(s) *(if applicable)*: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please make your check payable to
Harvard Medical School and mail toHarvard Medical School
Alumni Affairs and Development
P.O. Box 419720
Boston, MA 02241 9720You can also email this completed form to giving@hms.harvard.edu after making an online gift.