



Dental Mission Week

February 1-5, 2021

SOD Alumni Challenge

Pledge Form:

Yes, I accept the SOD Alumni Challenge to sponsor UMMC Dental Mission Week in the amount and via payment method indicated below.

___ \$100 ___ \$500 ___ Other Amount: _____

Check (payable to *UMMC Dental Mission Week*)

I would like to make a gift by credit card (**please circle**): MasterCard Visa American Express Discover

Name on Card _____

Expiration Date _____ Account Number _____

Signature _____

I would like to make my gift online:

Go to https://umc.edu/Office_of_Development/Ways-to-Give/Funds/Fund-SOD.html

Select Designation "**Other**" from the drop down menu. In box below "**Other**" type "**Dental Mission Week**".

I would like to be contacted by the UMMC Office of Development about making a gift of securities or other assets.

My address has recently changed Yes No

Name _____ Address _____

City _____ State _____ Zip _____

The University of Mississippi Foundation is a qualified tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, your contributions are tax-deductible, TAXID# 23-7310293. Please consult your tax advisor to determine proper charitable deduction. For additional questions, please contact the UMMC Office of Development at 601-984-2300.

Thank You