



Community Involvement Center

Name: _____
First Name Middle Name Last Name

Address: _____

City State Zip Code

Phone (Work): _____ (Home): _____
Including Area Code Including Area Code

E-mail: _____

I/we wish to give a gift of: \$ _____

for the purpose of: Rice Pre-Medical Society ASB - G82150

Comments: _____

Check payable to "Rice University" MasterCard Visa American Express

_____ / _____
Credit Card Number Expiration Date

Name as it appears on credit card (Please print)

Billing Address if different from the address above

Signature

Date

My/my spouse's employer will match this gift:

Company Name City State

Matching form enclosed Matching form to be sent

More information on matching gift programs is available at <http://giving.rice.edu/match>.

Please return this form to the Community Involvement Center at the address below.