



Department of Obstetrics and Gynecology
The University of Mississippi Medical Center - Jackson

Name _____ Street Address _____
City _____ State _____ Zip _____ Phone: Home _____ Office _____

I want to contribute to: Wiser Chair Ob-Gyn Resident/Fellow Education Fund Ob-Gyn Endowment for Excellence
64-6008520 64-6024995 64-6008520

I would like to make a total pledge of \$ _____ over a _____ year Period.
I will pay my pledge in increments of \$ _____ annually, beginning _____

I prefer to make a direct contribution. My check for \$ _____ is enclosed

Those who contribute \$5000 or more over a five year period are eligible for Medical Guardian Society membership.
If you are not already a Medical Guardian Society member, do you wish to join? Yes No

Separate checks should be made payable to each fund you wish to support and returned with this form in the enclosed envelope to the Department of Ob-Gyn, Attention: Jean Kelly, The University of Mississippi Medical Center, 2500 North State Street, Jackson, Mississippi 39216-4505.