

# UC Foundation

## Waddell MS Center Contribution & Pledge Form

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### Designated Gift

<b>You have chosen to give your gift to:</b>	<b>Amount</b>	<b>Joint Gift w/Spouse?</b>
<b>The Waddell Multiple Sclerosis Fund</b>	\$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
	(Dollars)	(Yes or No)

Please let us know if you have any special instructions or would like to designate your gift further. For example, if this gift is being made to a specific department or program, in honor of a reunion, a field of research, or in honor or memory of someone.

### Personal Information

First Name:	<input style="width: 75%;" type="text"/>
Middle Name:	<input style="width: 75%;" type="text"/>
Last Name:	<input style="width: 75%;" type="text"/>

### If this is a Joint Gift

Spouse First Name:	<input style="width: 75%;" type="text"/>
Spouse Middle Name:	<input style="width: 75%;" type="text"/>
Spouse Last Name:	<input style="width: 75%;" type="text"/>

### Home Address

Street:	<input style="width: 75%;" type="text"/>
City:	<input style="width: 75%;" type="text"/>
State/Province:	<input style="width: 75%;" type="text"/>
ZIP/Postal Code:	<input style="width: 75%;" type="text"/>
Country:	<input style="width: 75%;" type="text"/>

### Contact Information

Please provide your contact information in case we have questions about your gift.

E-mail:	<input style="width: 75%;" type="text"/>	
Home Phone:	<input style="width: 75%;" type="text"/>	Example: 999-555-1234
Business Phone:	<input style="width: 75%;" type="text"/>	
Cell Phone:	<input style="width: 75%;" type="text"/>	

## Method of Payment

### If Making a Pledge:

I/we wish to support the Waddell Multiple Sclerosis Center Fund of The UC Foundation with a total pledge of:	\$	
I/we plan to make payments on this pledge for a period of:		
<input type="checkbox"/> 3 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 1 year
at \$ <input style="width: 50px;" type="text"/>		per year

### If Enclosing Payment by Check:

Amount enclosed: \$	
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Please make checks payable to **Waddell Center Fund** and mail to:  
 Waddell Center Fund  
 UC Foundation  
 PO Box 19970  
 Cincinnati, OH 45219-0970

### If Using Credit Card:

Cardholder's Name		
Cardholder's Address:		
Cardholder's City:		
Cardholder's State/Province:		
Cardholder's ZIP/Postal Code:		
Cardholder's Country:		
Cardholder's Phone:		
*Cardholder's E-mail:		*(optional)

**(Give information as shown on card)**

Credit Card Type:		
Credit Card Number:		
Expiration Date	Month: <input style="width: 40px;" type="text"/>	Year: <input style="width: 40px;" type="text"/>

VISA, Master Card,  
Discover, American Express

## Additional Information

### Permission to publish:

	You may publish my/our name(s) in the UC Honor Roll of Donors and other gift publicity.
	I/we wish to remain anonymous.

### Matching funds:

I (or my spouse) work for a matching gift company:		Yes		No
If yes, name of company:				

If unsure, please check with your human resources department to see if your company participates, or call **Ms. Gina Weitzel**, Senior Director of Development, University of Cincinnati, at **513-558-6112**.

### Please submit appropriate paperwork to:

The University of Cincinnati Foundation  
P.O. Box 19970  
Cincinnati OH 45219-0970

Are you a UC graduate?		Yes		No
If yes, Class of: (last year attended)		Degree:		

Thank you for your gift to the Waddell MS Clinic. Your support will increase the amount of research we are able to conduct to beat this disease and the number of people with MS we will be able to help with diagnostic and treatment services.

If you have any questions about supporting The Waddell MS Center through the UC Foundation, please contact:

**Ms. Gina Weitzel**  
**513-558-6112**  
[Gina.Weitzel@uc.edu](mailto:Gina.Weitzel@uc.edu)