

SOUTH CAROLINA COLLEGE OF PHARMACY
Medical University of South Carolina and MUSC Foundation
BUILDING CAMPAIGN GIFT AGREEMENT

In consideration of my/our interest in supporting the South Carolina College of Pharmacy at the Medical University of South Carolina (MUSC), I/we wish to make a gift at the MUSC Foundation for the purpose(s) described below:

\$ _____ Restricted for the following purpose(s): College of Pharmacy Building Fund

My/our campaign gift commitment will be fulfilled in the following manner:

Pledge of \$ _____ to be paid over _____ years as follows:

(Note: all pledges are to be paid fully within five years.)

First payment of \$ _____ will be made on _____ (date)

Remaining payment to be made on the following schedule:

_____ Quarterly, beginning on _____ (date).

_____ Semi-annually, beginning on _____ (date).

_____ Annually, beginning on _____ (date).

_____ other _____

A pledge reminder letter will be sent to you prior to each payment date.

Deferred gift of \$ _____ (bequest, charitable life income agreement, etc) as described below:

For gift recognition purposes, please list my/our name(s) as indicated below:

_____ I/we wish to remain anonymous; do not include my/our name in any donor listing.

Print Name: _____ Signature: _____

Date: _____

Print Name: _____ Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Your contribution is tax deductible to the extent allowed by IRS regulations. If you have specific tax questions, we advise you to consult your personal financial or legal advisor.

Thank you.