



LETTER OF COMMITMENT MUSC Campus

In support of the goals of the South Carolina College of Pharmacy at the Medical University of South Carolina, I/we pledge and agree to give the sum of \$_____.

Payments toward this pledge will be made ___annually ___semi-annually ___quarterly ___monthly

In amounts of \$_____ or as follows: _____

\$_____ **Unrestricted:** The College of Pharmacy is authorized to use my gift where it is needed most.

\$_____ **Restricted:** (Specify Purpose): _____

Other instructions regarding my gift: _____

The first installment payment will be made on: _____ in the amount of \$_____.
Month/Year

My initial gift of \$_____ is enclosed.

I would like to make my gift by credit card: ___VISA ___MasterCard ___American Express

Account Number: _____

Security Code: _____ Expiration Date: _____

Name Shown on Card: _____

Signature _____ Date _____

Donor Information

Name _____ Telephone Number _____

Address _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Corporate Gift Matching Program

In addition to my personal commitment indicated above, *(name of corporation)* _____
_____ will match these gifts. Please enclose matching gift form.

(**Note:** The amount of any corporate gift will be combined with the donor's personal gift for recognition purposes.)

Gifts may be made payable to: MUSC Foundation, College of Pharmacy. For gifts of securities, please write or call the College of Pharmacy.

Mail to: SC College of Pharmacy, MUSC
Director of Development
PO Box 250141
Charleston, SC 29425

Call: 843.792.4980 or toll free at 1.800.810.6872

Fax: 843.792.9081

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.