



DR. ROSITA LEONG MINI-MEDICAL SCHOOL GIFT FORM

Donor Name(s): _____ Phone: _____
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This gift is also from my spouse/partner: _____

Donors will be acknowledged as “Friends of the Mini-Medical School” in course materials, unless the box below is checked.

Please do NOT list my name as a “Friend of the Mini-Medical School” in course materials.

Philanthropic Opportunities:

Mini-Medical School Fund #126-6390-4

- ____ \$25,000* Presenting Sponsor (Your name on course materials & communications for two years)
 ____ \$ 5,000* Session Sponsor (Your name on a session’s materials & communications)
 ____ \$ 2,000* Course Materials Sponsor (Your name listed as providing the printed course materials)
 ____ \$ 1,000* Mini-Medical School Dean’s Circle Member
 ____ \$ Other Amount - Mini-Medical School Friend

Ways To Donate:

1. Donations to the MMS can be made online: www.uhfoundation.org/SupportMiniMedSchool
 2. Donations to the MMS can also be made by check:
 My check made Payable to **UH Foundation** for the MMS is enclosed for \$_____.
- (If mailing donation, please mail to: 651 Ilalo Street, MEB 2nd floor, Honolulu, HI 96813, c/o Special Events)**

Donations can also be directed to other related programs instead of (or in addition to) MMS, including:

- ____ Department of Geriatric Medicine - Geriatric Education and Research Fund #126-6070-4
 (The Department also supports programs in Alzheimer’s Disease, and Hospice & Palliative Care)
 ____ UH Cancer Center General Cancer Research Fund #123-8850-4

*Donations to either of these funds (#126-6070-4 or #123-8850-4) can also be made online:
<https://giving.uhfoundation.org/give-now> (please note “MMS” in the special instructions)

For any donation: In memory of: _____ or In honor of: _____

Please notify *the individual or family of my gift (contact info):* _____

Matching Gift Information:

Many companies with corporate matching gift programs will match charitable gifts. If you or your spouse works for a company with a corporate matching gift program, please inquire to see if you are eligible to have this gift matched.

Signature _____ Date: _____