EMORY VACCINE CENTER | EMORY UNIVERSITY

Where Science Meets Hope.

Emory University School of Medicine 2006

Yes, *I want to support vaccine research at the Emory Vaccine Center*

- □ $1,000 and above
- □ $5,00 to $999
- □ $100 to $499
- □ $50 to $99
- □ Other

Please indicate your method of payment below:

☐ **Gift enclosed** $_____

(Please make checks out to Emory University)

Please charge this to my: ☐ **Visa** ☐ **MasterCard**

Enter credit card number

Expiration Date: Month_____Year_____

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GIFT PAYMENT SCHEDULE	**AMOUNT**
By December 1, 2006	
By December 1, 2007	
By December 1, 2008	

_____

Signature

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Date

Please send me information on the following:

Name:		
Address:		
City:	**State:**	**ZIP:**
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☐ *If you would prefer to receive the information via email, simply mark this box.*		

Please return this form to:

Alex Brown, Director of Development
Emory Vaccine Center
1440 Clifton Road, Suite 112
Atlanta, GA 30322

THANK YOU!!!

YOU CAN DONATE ONLINE TOO!

www.vaccines.emory.edu