



UNIVERSITY OF UTAH
COLLEGE OF NURSING
DONOR FORM



YES! I want to make a difference at the College of Nursing

Century

>\$100,000

Founders

\$50,000-\$100,000

Par Excellence

\$15,000-\$50,000

Pacemaker

\$5,000-\$14,999

Dean's Club

\$2,500-\$4,999

Nightingale

\$500-\$2,499

Associates

\$100

Other

\$ _____

Undergraduate Scholarship Fund

Faculty Development

Graduate Scholarship Fund

Nursing Research

Alumni Scholarship Fund

Unrestricted Use

Gerontology Scholarship Fund

Planned Gift/Bequest

I would like my gift to be directed specifically to the following scholarship fund:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill \$ _____ to my: VISA Mastercard American Express

Account # _____ Expires: _____

Please send me information about:

Making a gift through my will

Bequest _____

Gifts that return income to me

Trust

Gifts that reduce estate taxes

Other _____

I have included the College in my estate plans

For further information, please contact:

Office of Development/Public Relations/Alumni Affairs at (801) 581-5109

10 South 2000 East

Salt Lake City, UT 84112-5880