



U.S.T. MEDICINE CLASS 1967 FOUNDATION, U.S.A., INC.
301 Westtown Way, Westchester, PA 19382. U.S.A.

Legacy Pledge

Yes, I want to contribute and be a part of U.S.T. Medicine Class'67 Legacy!!!

Name: _____

Address: _____

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Check payable by _____, 2007

Check enclosed _____

Make the check payable to: U.S.T. MEDICINE CLASS 1967 FOUNDATION,
U.S.A., INC.

In honor of: _____

In Memory of: _____

Donation Category:

_____ Donor in the amount of \$ _____

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_____ Patron (\$2500 to \$5000)

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_____ Major Benefactor (\$10,000 to \$20,000)

_____ Endowment (\$20,000 to \$50,000)

_____ Major Endowment (\$50,000 +)

I give permission to have the following published:

My name and donation category _____

Only my Name _____

Anonymous Donor _____

_____, 2007

Signature

Date