

NEW ORLEANS

need-based) \$

School of Medicine

Office of Medical Alumni Affairs

Check all appropriate boxes below, print and return form with gift to:

LSU MEDICAL ALUMNI ASSOCIATION 2020 Gravier Street, Room 523, New Orleans, LA 70112

Questions - please call - (504) 568-4009; or e-mail: ROAR@lsuhsc.edu

Dues - \$50.00

Additional contribution to support the following:

Scholarship Funds (merit,

Cardiovascular Research Center \$_____

Area of greatest need \$_		
Please send me information	about	
the Committee of 100	the 500 Club	Gifts of Appreciated Stock
Planned Giving	Charitable Gift Annuity	
For information about donati call Dr. Cathi Fontenot - (504		stock or other property,
Enclosed is a check for \$	<u> </u>	
		o LSU MEDICAL ALUMNI ASSN.)
Charge \$	e \$to my credit card (see below)	
·····Visa MasterCard	American Expre	ss Discover
Card number		Exp. date/
Signature		
Please fill in for our records of	only.	
Name	Class	Specialty
Address		
City	State	Zip
Phone ()	E-mail addr	ess
Your Alumni Association receives no state support.		