

Dr. W. Timothy Garvey Endowed Scholarship in Nutrition Sciences

Name(s)				
Address	Zip			
Daytime phone number	Email			
 Please select one of the following My gift of \$ I pledge \$ 	is enclosed (cash, o			
 Send me a pledge reminder each year during the month ofbeginning in (year) Auto-deduct from my card for \$ /month beginning 				
Auto-deduct from my card for \$		/month beginning		
I am interested in making a gift of sto		to	discuss options.	
I am interested in making a planned gift. Contact me at				
For contributions by credit card				

Card Number_____ Exp. Date_____ Amount \$_____ Name on card_____

Return form to:

Sarah Jenks, UAB School of Health Professions SHPB 667, 1720 2nd Avenue South, Birmingham, AL 35294-1212 sjenks@uab.edu

Thank you for your support — together we will make a difference in the lives of most deserving students.