



FUQUA CENTER FOR  
LATE-LIFE DEPRESSION  
Donation Form

Enclosed is my tax-deductible gift of:

\_\_\_\_\_ \$50.00                      \_\_\_\_\_ \$300.00                      \_\_\_\_\_ \$1000.00  
\_\_\_\_\_ \$100.00                      \_\_\_\_\_ \$400.00                      \_\_\_\_\_ \$1500.00  
\_\_\_\_\_ \$250.00                      \_\_\_\_\_ \$500.00                      \_\_\_\_\_ Other  
(Please write in amount)

Payment Method:

\_\_\_\_\_ Check enclosed: Please make payable to:  
Emory University - Fuqua Center for Late-Life Depression  
\_\_\_\_\_ Credit Card: Please fill out the information below  
Card Type: \_\_\_\_\_ MasterCard                      \_\_\_\_\_ American Express  
                                \_\_\_\_\_ Visa    \_\_\_\_\_ Discover  
                                \_\_\_\_\_ Diner's Club  
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Donor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Donor's Information:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_

Memorial/Honorary Gifts:

This gift is made:  
\_\_\_\_\_ In memory of: \_\_\_\_\_  
\_\_\_\_\_ In honor of: \_\_\_\_\_  
Please inform: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

