



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 _____



Mail to: Advancement and Alumni Engagement
Office of Gift Accounting
1762 Clifton Road NE; Suite 2400, Atlanta, GA 30322
(404) 712-GIVE (4483)