

Gift Transmittal Form

Donor's Name

Address

City, State, Zip

Phone: _____ Home Mobile Business

Email: _____ Personal Business

This gift is in memory of in honor of:

Name: _____

Please notify the following of this donation (the gift amount will not be shared):

Name

Address

City, State, Zip

Comments:

Donation Information:

Amount: \$ _____

Enclosed is a check payable to the **University of Nebraska Foundation**.
OR

Visit nebraskamed.com/giving anytime to make a secure gift online.

Please return to:

University of Nebraska Foundation
Attn: Gift Processing
1010 Lincoln Mall, Suite 300
Lincoln, Nebraska 68508

Questions?

Call us at 402-458-1272.

For internal use only:

Nebraska Medicine:

Staff name (please print): _____ Phone: _____

Signature: _____ Date: _____

University of Nebraska Foundation:

Staff name (please print): _____ Date: _____

Signature: _____

By providing a gift to support Nebraska Medicine, you are joining us in a commitment to improve patient lives.

Your gifts support medical breakthroughs, clinical trials and patient services. In short, you allow us to provide serious medicine and extraordinary care to all patients.

With your partnership, we will ensure that the most urgent needs throughout Nebraska Medicine can be met.

Thank you for your support.

Designation:

- Patient and Family Experience Fund (01145260)
- Oncology Patient and Family Experience Fund (01145280)
- Transplant Excellence Fund (01144620)
- Child Life Impact Fund (01145270)
- Heart and Vascular Excellence Fund (01144640)
- Neurology Clinical Excellence Fund (01145250)
- Excellence Fund (01145230)
- Nursing Development Fund (01147100)
- Other: _____