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Gifts that may provide income to me or someone that I name to be the income beneficiary		Please have a planned income expert contact me

**I would like to make a gift to the Penn Transplant Institute:**

Name of Donor:

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Email: Alumni/Year: Amnt of contribution (\$):

In memory of: In honor of: Anonymous

**My Gift to be used for...****Clyde F. Barker Transplant House****Patient and Family Services**

Companions for patients during long evaluation day Lunch vouchers Parking Housing costs

**Penn Transplant Institute Patient Education Fund**

Patient Education videos for each program

**Clinical Research****Prescription Fund****Faculty and Staff Enrichment**

Endowed Professorships Grants for Continuing Education

**Facilities Improvement**

Renovation of Penn Transplant Institute Ground Rhoads Clinic

**Other****Method of Payment****Check:** made payable to 'Trustees of the University of Pennsylvania'**Credit card:** Visa Mastercard Amex

Card # - - - (16 digits) Expiration Date / (MM/YY)

Name on Card:

**Once completed, please print and mail this form and any gifts to the following address:**Shawn P. Kleitz, Senior Major Gifts Officer  
Penn Medicine Development and Alumni Relations  
3535 Market Street, Suite 750  
Philadelphia, PA 19104