



***Yes, I want to help my Alma Mater!***

**LSU MEDICAL ALUMNI ASSOCIATION**

**2020 Gravier Street, New Orleans, LA 70112**

504/568-4009; fax 504/680-9572; email: ROAR@lsuhsc.edu



*Check all appropriate boxes below and return form with gift.*

[Minimum suggested gift listed below.]

- \$100 for graduates of 11 or more years
- \$ 50 for graduates of 6 to 10 years
- \$ 25 for graduates of 5 years or less

Please make an additional contribution to support the following:

- Scholarship Funds ( merit,  need-based) \$ \_\_\_\_\_
- Area of greatest need \$ \_\_\_\_\_
- Please send me information on the Committee of 100.
- Please send me information on the 500 Club.

***Would you like this gift reported to the TAF for points? If so, TAF ID # \_\_\_\_\_***



Visit "LSU School of Medicine-New Orleans" Facebook page.

**Enclosed is my check in the amount of \$ \_\_\_\_\_**  
(Make your check payable to LSU MEDICAL ALUMNI ASSOCIATION)

**Charge \$ \_\_\_\_\_ to my credit card** (see below)  
 Visa  MasterCard  American Express

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

*Please fill in for our records only:*

Name \_\_\_\_\_ Class \_\_\_\_\_ Specialty \_\_\_\_\_

**Preferred** Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  business  cell  home

***If you would like electronic communications, please provide your email address: \_\_\_\_\_***

Name \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

***News for Medicinews***


**Suggestions for future publications/Alumni Board/Alumnus of the Year (judged on the basis of service to the School and Community)**


*Your Alumni Association receives no state support. Please help us help the School.*