

# ALUMNI SCHOLARS



Office of Institutional Advancement Robert Schattner Center University of Pennsylvania School of Dental Medicine 240 South 40th Street Philadelphia, PA 19104-6030

www.dental.upenn.edu/alumni (215) 898-8951



### ALUMNI SCHOLARS

Penn Dental Medicine is committed to educating the most gifted students — those with a passion to excel and a commitment to serve their patients, communities, and the profession. The Alumni Scholars program is a timely opportunity to expand the School's financial aid resources so that students from all backgrounds can pursue their dream of a career in dental medicine.

You, our alumni, understand best the value of a Penn Dental Medicine degree, and we invite you to support the Alumni Scholars program. Scholarships can be directed to a predoctoral (DMD) student through the four years of their education; or to a postdoctoral resident (GD). In recognition of your donation, you will receive an annual stewardship report with news about your named scholar.

Your gift to this important program can open the door to a Penn Dental Medicine education for a young person who stands today where you stood when you embarked on YOUR career. Be the key that opens that door with a gift to the Penn Dental Medicine Alumni Scholars program!

For more information, please visit www.dental.upenn.edu/alumnischolars

## I/WE WISH TO NAME AN ALUMNI SCHOLARSHIP

#### Please direct my scholarship toward:

- □ Predoctoral (DMD)
- Postdoctoral (GD) in \_\_\_\_

Name of Residency Program

Name of scholarship:

Minimum donation of \$10,000 paid in a single installment or equal installments of \$2,500 over four (4) years.

### Please select one:

- Please record my pledge of \$\_\_\_\_\_\_to be paid over \_\_\_\_\_years; I would like to make my first payment on \_\_\_\_\_\_(month/day/year)
- Enclosed is a check for \$\_\_\_\_\_ made payable to the: Trustees of the University of Pennsylvania
- □ Please charge my gift of \$\_\_\_\_\_ to my credit card

Credit Card Number

Exp. Date

Initials

To make a recurring payment, please include the following:

Frequency (circle one): How many payments: Monthly Quarterly

(Enter # of payments)

Amount per payment:

(Enter \$ amount to charge per payment)

