



Thank you for your support of the Global Health Initiative Fund

Name _____ Date _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Email _____

Gift Information

\$500 Gift \$250 Gift \$100 Gift \$50 Gift Other \$ _____

GLOBAL HEALTH INITIATIVE BENEFACTOR

I would like to serve as a Global Health Initiative Benefactor by providing direct GHI support to a Northwestern University Feinberg School of Medicine student/resident:

_____ x \$3,000 per student = \$_____

By Check

Please make checks payable to The Global Health Initiative Fund or GHI

By Credit Card

Please charge my credit card: Master Card Visa American Express

Card Number _____ Expiration Date _____

Please return this form along with your donation to

The Global Health Initiative Fund
676 North St. Clair, Suite 2300
Chicago, IL 60611