

The Palmer Annual Fund Campaign

Your Greatest Impact Gift

NAME: _____ I prefer to remain anonymous.

ADDRESS: _____

CITY/STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

E-MAIL: _____ PHONE: _____

Your e-mail address allows us to keep you up to date on the latest education and research activities taking place on the Palmer College of Chiropractic Campuses.

I/we would like to discuss options for making a planned or estate gift. Please contact me/us at: _____

Thank you for your Palmer
Annual Fund Campaign gift!



PALMER
College of Chiropractic

*The Trusted Leader in
Chiropractic Education®*

Palmer Annual Fund Giving Club Levels:

Founders—up to \$99 • Your support at this level enhances the College's programs and services.

Century—\$100-\$249 • Your support at this level celebrates 100+ years of Palmer College of Chiropractic.

Heritage—\$250-\$499 • Your support at this level honors chiropractic's rich heritage.

Leadership—\$500-\$999 • Your support at this level helps Palmer College maintain its leadership role in chiropractic education and research.

My gift should be designated to the: Davenport Campus West Campus Florida Campus

Annual Fund Areas: Greatest Impact Academic Programs Clinics Research Scholarships

My total commitment is: \$_____ to be paid as follows: first payment of \$_____ enclosed.

Please send reminder: Monthly Quarterly Semi-annually Annually

One-time gift in the amount of \$_____ enclosed.

Method of Payment: Check (please make payable to PCC) Please contact me about EFT (electronic funds transfer)
 Mastercard Visa American Express Discover Paypal (visit <http://www.palmer.edu/Donate>)

Credit Card #: _____ Expiration Date: _____