

Yes, I want to support Dr. Jim Armitage in The Leukemia & Lymphoma Society's *Ride Fore Recovery* with a gift of:

\$1 per mile \$5 per mile \$10 per mile

\$25 per mile \$_____ per mile

Enclosed is my check payable to the *University of Nebraska Foundation*.

Please charge my: Visa MasterCard Discover

_____ *Card Number*

_____ *Exp. Date*

Signature if making a pledge or using your credit card

Name _____

Address _____

City _____ State _____ Zip _____

*Please return to:
Tom Thompson, Eppley Cancer Center
Zip 6805*

My matching gift form is enclosed. If you or your spouse are employed by a company with a matching gift program, your gift could be increased! Contact your personnel office for more information.

Please send information on making a planned gift through my will or trust and gifts that return an income for life.

I have already included the NU Foundation in my estate plans through my: ___ will ___ trust ___ life insurance.

Please send information regarding the Foundation's honor clubs.