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Erik B. Young, M.D. International Travel-Study Awards
Division of Student Affairs

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[ ] The Erik B. Young, M.D. International Travel-Study Awards Amount \$ \_\_\_\_\_

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[ ] Multi-Year Pledge I am pleased to pledge \$ \_\_\_\_\_ in support of the Erik B. Young, M. D. International Travel-Study Awards.

I will make payments in the amount of \$ \_\_\_\_\_ by \_\_\_\_\_ (day and month) of each year for \_\_\_\_\_ years.

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This gift is made in [ ] honor of, [ ] memory of: \_\_\_\_\_

Please notify the following individual(s):

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[ ] My employer will match my charitable contribution to this fund. Enclosed is the completed and signed matching gift form.

Please return this completed form and your gift to:

UMD Division of Student Affairs Development Office
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