



Yes, I would like to help sustain the speech and audiology services offered by the UGA College of Education Speech and Hearing Clinic. Please accept my tax-deductible gift in the amount of:

\$1,000 \$500 \$100 \$50 Other \$_____

Name_____

Address_____

Check enclosed Credit card information below

Name on card_____

VISA Mastercard AMEX Discover (circle one)

Number: _____

Expiration Date_____

I'd like information about leaving the UGA Speech and Hearing Clinic in my will.

Thank you so very much for your financial support! It means so much to the students and faculty (present and future) and the Athens community that we have served for over 50 years!

University of Georgia
College of Education
Speech and Hearing Clinic
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Athens, GA 30602
Foundation Acct 50R7480