

**OSMANIA MEDICAL ALUMNI
CHARITABLE FOUNDATION, INC.**
Osmania Medical College Library Committee
TAX ID #010651759



PLEDGE FORM

LAST NAME: _____ FIRST: _____ M.I: _____

SPOUSE: _____ M.D. YES NO IF YES, _____

COLLEGE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ EMAIL: _____

YEAR GRADUATED: _____ (FINAL MBBS)

Yes/ I/We want to help!

I/We pledge :

\$100,000 \$50,000 \$25,000 \$15,000 \$10,000

\$5,000 \$3,000 \$2,000 \$1,000 \$ _____

My/Our Contribution of \$ _____ Enclosed. Check# _____ Initials _____ Date _____

Please make check payable to : OMACF, Inc.

OMCL (Mark in the memo section)

AND ENCLOSE CHECK WITH THIS COMPLETED FORM AND MAIL TO:

Jagan Ailinani, MD
521 Deerlake Drive West
Carbondale, Illinois 62901
jaganailinani@gmail.com
618-529-1208

Thank You!