

**University of Kentucky
Center for Health Services Research
Gift Form**

Name

Business Name

Street Address

City

State

Zip

Phone

Business Phone

E-mail Address

Enclosed is my gift of \$ _____ payable to UK Center for Health Services Research.

Signature

Date

Please mail to:
Shaunescia Davis
Center for Health Services Research
UK College of Medicine
740 South Limestone, J512
Lexington, KY 40536-0284

(859)-218-3917
shaunescia.davis@uky.edu

