



JAMES L. HUGHES JR. CHAIR OF ORTHOPEDIC SURGERY AND REHABILITATION
The University of Mississippi Medical Center • Jackson

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I want to contribute to the **James L. Hughes Jr. Chair of Orthopedic Surgery and Rehabilitation.**

I would like to make a total pledge of \$ _____ over a _____ - year period.

I will pay my pledge in increments of \$ _____ annually, beginning _____.

I prefer to make a direct contribution to this lectureship. My check for \$ _____ is enclosed.

Those who contribute \$5000 or more over a five-year period are eligible for Medical Guardian Society membership.

If you are not already a society member, do you wish to join? Yes No

Checks should be made payable to the James L. Hughes Jr. Chair of Orthopedic Surgery and Rehabilitation and returned with this form in the enclosed envelope to the Office of Development, The University of Mississippi Medical Center, 2500 North State Street, Jackson, Mississippi 39216-4505.