

Medical Humanism Fund (MHF)

I, _____, M.D., would like to donate to the Medical Humanism Fund (MHF) at the American University of Beirut Faculty of Medicine. This contribution will be restricted to needy patients at AUBMC and I hereby authorize the AUB Comptroller's Office to charge:

1 – My monthly payroll by the \$ 5.00

OR

2 – My payroll for a onetime payment by \$ 60.00

Full Name: _____, M.D.

Payroll Number: _____

Signature: _____

Date: _____