

THE UNIVERSITY of TENNESSEE   
HEALTH SCIENCE CENTER

College of Medicine  
Graduate Medical Education  
910 Madison Avenue Suite 1031  
Memphis, TN 38163

Office of Graduate Medical Education

Resident Support Fund  
Deduction Form

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Effective Date: July 1, 2009

Amount: \$10.00 per month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date