

Washington University School of Medicine *and You:* *Philanthropic Partners*

There are many ways you can make a gift to Washington University School of Medicine. Your giving supports endeavors that benefit human health, and we can help you match your personal philanthropic goals with academic priorities.

To make a gift or request more information, please complete and return this card. Or call the Office of Medical Alumni and Development at (314) 935-9714 for a personal consultation. Thank you for your interest and ongoing support of the School's vital mission.

GIVING OPPORTUNITIES

Please direct my gift to the following:

- Unrestricted fund for the School of Medicine**
This gift will be used to support priorities at the School.
- Scholars in Medicine** Scholarship programs that help today's students become tomorrow's medical professionals.
- BioMed 21** A cutting-edge, multidisciplinary effort to rapidly translate the discoveries of basic science into clinical care.
- Specific department/division**

- Specific program** _____
- Specific physician/researcher/professor**

- Other** _____
- Please contact me with more information about special giving options**
 - securities real estate life income plans
 - including the University in my estate plans

CONTACT INFORMATION

Name _____
Address _____
City _____
State _____ Zip _____
Daytime Phone _____
E-mail _____

ATTRIBUTION

- I wish to make a **Memorial** gift or a gift in **Honor** of someone. Please designate my gift for:

Notification of your memorial or tribute gift will be sent to the person listed below. (The gift amount will not be indicated.)

Name _____
Address _____
City _____
State _____ Zip _____

- I wish to make an **Anonymous** gift.

GIFT AMOUNT/PAYMENT

- I/We have enclosed a gift of:**
 - \$1,000 \$500 \$250
 - \$100 \$50 \$25 Other _____

(Your gift to Washington University is tax deductible.)

- Please charge my credit card**
 - MasterCard Visa AmEx Discover
 - Name on Card _____
 - Card Number _____
 - Expiration Date _____
 - Signature _____

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