

WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



LEADING *Together*

The Campaign for Washington University

T *here are many ways* you can make a gift to The SPOT (Supporting Positive Opportunities with Teens) at the Washington University School of Medicine. Your giving supports endeavors that benefit human health. To make a gift or request more

information, please complete and return this card. You may also call the Office of Medical Alumni and Development at **(314) 935-9715** 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:

- The SPOT (35782)**
- Specific physician/researcher**

- 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

- Check if new/updated 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 _____

GIFT AMOUNT / PAYMENT

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

This is a one-time monthly quarterly annual gift.
_____ Number of payments for a total gift of
\$_____ or until cancelled

- I/we intend to make this gift via:
 - A donor advised fund
 - A family foundation
 - Name of fund or foundation: _____
- My gift will be matched by _____
- I wish no honor roll listing.

**You can change or discontinue your recurring gift at any time by contacting Alumni & Development at (314) 935-9686 or medicalannualfund@wustl.edu.*

Your gift to Washington University is tax deductible to the extent allowed by U.S. and Canadian law. Fiscal year runs July 1 to June 30.

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

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