

# 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](mailto: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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