

# WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



## To support the Division of Medical Education

Thank you for your contribution. There are many ways you can make a gift. To request more information, please complete and return this form. Or call Rachel Hartmann (314) 935-9715 or Kristen Burger (314) 935-2877 in the Office of Medical Alumni and Development for a personal consultation. Thank you for your interest and ongoing support of the School's vital mission.

### GIVING OPPORTUNITIES

I wish to make a gift to the Division of Medical Education as follows:

**General (#90991)**

**Other**

\_\_\_\_\_  
\_\_\_\_\_

**Please contact me with more information about special giving options:**

- Securities  Real estate  Life income plans  
 Including Washington University in my estate plans  
 Donor Advised Fund  Family Foundation

### GIFT AMOUNT / PAYMENT

**I / We have enclosed a gift of:**

- \$2,500  \$1000  \$500  
 \$250  \$100  Other \_\_\_\_\_

*(Your gift to Washington University is tax deductible to the extent allowed by U.S. and Canadian law.)*

**Please charge my credit card:**

- AmEx  Discover  Mastercard  Visa

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### 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.

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

If you do not wish to receive future fundraising communications from Washington University School of Medicine, you may email [meddev@wustl.edu](mailto:meddev@wustl.edu) or call 314-935-9691 or 877-816-2586.

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