



Contact Information

Name _____

Preferred Address _____

City _____ State _____ ZIP _____

Preferred Phone _____

Home Work Cell

Preferred Email _____

My affiliation with Washington University in St. Louis:

- WashU alumnus/alumna
- WashU faculty/staff
- WashU parent/former parent
- WashU student
- WashU friend

My gift will be matched by _____

Visit giving.wustl.edu/corporate to see if your company matches gifts.

I prefer no Honor Roll listing.

My gift should be credited to both my spouse/partner and me.

Spouse/partner's name _____

My gift is in honor of: in memory of:

Name and address of person to be notified:

I intend to recommend this gift via a donor-advised fund.

Name of fund _____

I intend to recommend this gift via a family foundation.

Name of foundation _____

**If your gift or pledge will be paid from a donor-advised fund or private foundation, your gift will be an "intention" and not a legally binding pledge.*

Please contact me:

I am interested in gift planning options to benefit my family and WashU.

I have included WashU in my estate plans.

I would like a gift officer to contact me about my giving options.

I would like to learn more about volunteer opportunities.

Please see alumni.med.wustl.edu for more information.

To make a gift:

Mail

Return this form to:
MSC 1082-414-2555
Washington University in St. Louis
1 Brookings Drive
St. Louis, MO 63130-9989

Call

877-215-2727
Monday-Friday, 8:30 a.m.-5 p.m. CST

Online

Make a secure gift online:
gifts.wustl.edu

My Gift

Check

My one-time gift of \$ _____ is enclosed.

Please make checks payable to Washington University.

I pledge* a total of \$ _____.

My first annual quarterly monthly
payment of \$ _____ is enclosed.

Credit Card

Please charge my one-time gift of \$ _____
to my card listed below.

I pledge* a total of \$ _____.

Please charge my first payment of \$ _____ and all
equal remaining payments as follows:

Annually Quarterly Monthly

I will make a recurring credit card gift as follows until canceled**:
\$ _____ Annually Quarterly Monthly

***You can change or discontinue your recurring gift at any time by contacting University
Advancement at 877-215-2727 (option 3) or annualfund@wustl.edu.*

Credit Card Information

Amex Discover Mastercard Visa

Account No. _____ Exp. Date _____

Name on Card _____

Please print.

Signature _____

Please direct my gift to: (designate one or more gift options)

Emergency Medicine Annual Fund

Other _____

Annual Fund Recognition Levels

Danforth Circle

Chancellor's Level \$50,000 or more

Dean's Level \$25,000-49,999

Eliot Society Patron \$10,000 - 24,999

Eliot Society Benefactor \$5,000-9,999

Eliot Society Fellow \$2,500-4,999

Eliot Society Member \$1,000-2,499

Recognition levels are based on cumulative gifts made in a fiscal year, July 1-June 30.

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

Questions?

Call 877-215-2727 or email medicaladvancement@wustl.edu