

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

There are many ways you can make a gift to the **Neurofibromatosis Center** at Washington University School of Medicine. Your giving supports research focused on accelerating the pace of scientific discovery and its application to the care of individuals with neurofibromatosis. 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 Center's vital mission.

GIVING OPPORTUNITIES

Please direct my gift to the following:

Unrestricted fund for the Neurofibromatosis Center Your gift will be used to support priorities in the center - research focused on accelerating the pace of scientific discovery and its application to the care of individuals with neurofibromatosis.

Please contact me with more information about special giving options

- securities real estate life income plans
 including the University in my estate plans

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

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 _____

GIFT AMOUNT/PAYMENT

I/We have enclosed a gift of:

\$5,000 \$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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