

Support for the Washington University NF Center

Name: _____

Address: _____

Phone: _____

Cell Home Work

Email: _____

This is an address change

Annual Fund Levels of Recognition

Eliot Society Member	\$1,000+
Dean's Committee	\$500 – \$999
Century Club Fellows	\$250 – \$499
Century Club	\$100 – \$249
Annual Fund Donor	\$1 – \$99

Direct my gift to:

NF (Neurofibromatosis) Center Fund (3857-35330)

Other** _____

***May not be a designation eligible for Annual Fund support.*

Please record my/our gift (or first pledge payment) for this year as follows:

A check payable to Washington University is enclosed for \$_____.

Please charge my gift of \$_____ to my credit card listed below.

I/we will make a recurring credit card gift as follows until cancelled*:

\$_____ Annually Quarterly Monthly

**By choosing this option, I/we request that Washington University continue to receive this gift amount in the frequency noted above via this credit card until I authorize a change to or cessation of these gifts by contacting Medical Advancement at (877) 215-2727 or annualfund@wustl.edu.*

I/We intend to direct this gift of \$_____ via:

a donor advised fund

a family foundation

Name of fund or 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.

Credit Card Information

AmEx

Discover

MasterCard

Visa

Account Number _____ Expiration Date _____

Name on Card (Please Print) _____

Signature _____ Date _____

Additional Information

I/We prefer no Eliot Society Honor Roll listing.

I/We would like information on how to include the School of Medicine in my/our estate plans.

So that we may update our records, please provide the year in which you completed your House Staff rotation _____.

My/Our employer will match this gift. Please provide company name and enclose matching gift form.

*Your gift to **Washington University** is tax deductible to the extent allowed by U.S. and Canadian law.
For questions regarding your gift, please contact Emily Williams in the Office of Medical Advancement at (314) 935-2660 or williams.e@wustl.edu.*

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SRC – NH