

WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



LEADING *Together*
The Campaign for Washington University

Please consider supporting this fund by making a charitable gift. With your support, we will be able to continue cutting edge research in the area of **cerebroretinal vasculopathy (CRV/RVCL)** at Washington University School of Medicine. To make a gift or request more information, please complete and return this form. You may also contact Rachel Hartmann in the Office of Medical Alumni and Development at **(314) 935-9715** for a private consultation. Thank you for your interest and ongoing support of the School's vital mission.

GIVING OPPORTUNITIES

Please direct my gift to the following:

- Cerebroretinal vasculopathy (CRV/RVCL)**
- Other**
- Please contact me with more information about special giving options**
 - Securities
 - Real estate
 - Life income plans
 - Including the University in my estate plans
 - Donor Advised Fund
 - Family Foundation

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.

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 _____

CONTACT INFORMATION

Name _____
Address _____
City _____
State _____ ZIP _____
Daytime Phone _____
E-mail _____

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