

Support the Internal Medicine Residency Program

There are many ways you can make a financial gift to support the Department of Medicine For more information, please complete and return this form, or call Kristen Burger (314) 935-2877 in the Office of Medical Advancement. Thank you for your interest and ongoing support of the Medical School's vital mission.

GIVING OPPORTUNITIES

I wish to make a gift to the Internal Medicine Residency Program as follows:

- General (#90991)**
- Other** _____

GIFT OR PLEDGE AMOUNT

- I/We have enclosed a gift of:**
 - \$2,500 \$1000 \$500
 - \$250 \$100 Other _____
- Please make checks payable to Washington University in St. Louis*

- I/We pledge a total of \$_____ (excluding any matching funds) to be paid as follows:**

Year 1 \$_____ Date____/____/____

Year 2 \$_____ Date____/____/____

Year 3 \$_____ Date____/____/____

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

PAYMENT INFORMATION

- Please charge my credit card:**
 - AmEx Discover MasterCard Visa
- Name on Card _____
- Card Number _____
- Exp. Date _____
- Signature _____

CONTACT INFORMATION

Name _____

Address _____

City _____

State _____ ZIP _____

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 _____

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