

WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



Your gift to the Body Donor Program supports endeavors that benefit human health.

GIVING OPPORTUNITIES

Please direct my gift to the following:

- Body Donor Program**
- Other** _____
- Please contact me with more information about special giving options**
 - Securities Real estate Life income plans
 - Including the University in my estate plans

CONTACT INFORMATION

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

Washington University in St. Louis • Office of Medical Alumni and Development
Campus Box 1247, 7425 Forsyth Blvd., St. Louis, MO 63105
(314) 935-9693 • Fax: (314) 935-9716 • e-mail: morrisp@wustl.edu

ATTRIBUTION

- I wish to make a memorial gift or a gift in honor of:

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:**
 - \$1,000 \$500 \$250
 - \$100 \$50 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 _____