

WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



LEADING *Together*

The Campaign for Washington University

There are many ways you can make a gift to the **Department of Orthopedic Surgery** at Washington University School of Medicine. Your giving supports endeavors that benefit human health. To make a gift or request more information, please complete and return this form. You may also contact Zach Silvers in the Office of Medical Alumni and Development at **(314) 935-3498** for a personal consultation. Thank you for your interest and ongoing support of the School's vital mission.

GIVING OPPORTUNITIES

Please direct my gift to the following:

- Department of Orthopedic Surgery
 - Orthopedic Resident Education
 - Curing Hip Disease Fund
 - Foot and Ankle Care
 - Hand and Wrist Care
 - Injury Clinic
 - Musculoskeletal Oncology
 - Pediatric Orthopedics
 - Physical Medicine and Rehabilitation
 - Shoulder and Elbow Care
 - Spine Center
 - Sports Medicine
 - Trauma
 - Specific physician/researcher
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- 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

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 _____

- 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
 - MasterCard Visa AmEx Discover
 - Name on Card _____
 - Card Number _____
 - Expiration Date _____
 - Signature _____

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