

# WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



*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 card. You may also contact Will Arvin in the Office of Medical Alumni and Development at **(314) 935-6065** 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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