

UW MEDICINE

Name _____

Address _____

Phone _____ Email _____

ENCLOSED IS MY/OUR GIFT (OR INITIAL PLEDGE PAYMENT) OF:

\$500 \$250 \$100 \$50 \$25 Other _____

I/we prefer to make a multi-year pledge of \$_____ per year for a total of \$_____.

Please send reminders: Monthly Quarterly Semi-annually payments of \$_____.

PLEASE DESIGNATE THIS GIFT/PLEDGE TO:

Anesthesiology General Gifts (NEURSC) – To support “Neuroscience for Kids”, created by Eric H. Chudler, Ph.D.

PAYMENT INFORMATION:

Enclosed is my/our check made payable to the **University of Washington Foundation**.

I/we prefer to pay by credit card.

Please charge: MasterCard Visa American Express

Account number: _____ Expiration Date: _____

Specify full name as it appears on card: _____

Signature (necessary to validate payment): _____

Enclosed is a completed matching gift form from my or my spouse’s employer.

PLEASE SEND INFORMATION ON:

Gifts that provide life income.

Including UW Medicine in my/our will.

If you have any questions, please call UW Medicine Development at 206-543-5686.

Please return all gifts to:
UW Medicine Development
1325 Fourth Avenue, Suite 2000
Seattle, WA 98101-2506

X3AKU

Your gift is tax deductible as specified in IRS regulations. Pursuant to RCW 19.09, the University of Washington is registered as a charitable organization with the secretary of state, state of Washington. For information, call the Office of the Secretary of State, 1-800-332-4483.