

# 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  
Box 358045  
University of Washington  
Seattle, WA 98195-8045

**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.