

# WASHINGTON UNIVERSITY AND YOU: Philanthropic Partners



## To support the Curing Hip Disease Fund

Thank you for your contribution to the **Curing Hip Disease Fund**. There are many ways you can make a gift to the Department of Orthopedic Surgery at Washington University School of Medicine. To request more information, please complete and return this form. 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

I wish to make a gift to the department of Orthopedic Surgery as follows:

**Curing Hip Disease Fund (3305-35563)**

**Other**

\_\_\_\_\_  
\_\_\_\_\_

**Please contact me with more information about special giving options:**

- Securities  Real estate  Life income plans  
 Including Washington University in my estate plans  
 Donor Advised Fund  Family Foundation

### 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:**

- AmEx  Discover  Mastercard  Visa

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### 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.

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

If you do not wish to receive future fundraising communications from Washington University School of Medicine, you may email [meddev@wustl.edu](mailto:meddev@wustl.edu) or call 314-935-9691 or 877-816-2586.

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