

# Washington University School of Medicine *and You:* *Philanthropic Partners*

**T**here are many ways you can make a gift to the Department of Molecular Microbiology 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. Or call the Office of Medical Alumni and Development at (314) 935-9714 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:

**Unrestricted fund for the Department of Molecular Microbiology**

This gift will be used to support the research initiatives and educational goals of the Department of Molecular Microbiology. A partial list of current initiatives include the Center for Women's Infectious Disease Research (cWIDR), the Molecular Microbiology and Microbial Pathogenesis Program, and fellowships to support our graduate students and Postdoctoral Research Associates.

**Other**

\_\_\_\_\_

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

- securities  real estate  life income plans  
 including the University in my estate plans

## 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:**

\$1,000  \$500  \$250

\$100  \$50  \$25  Other \_\_\_\_\_

(Your gift to Washington University is tax deductible.)

- Please charge my credit card**

MasterCard  Visa  AmEx  Discover

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

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

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

Signature \_\_\_\_\_

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