

Contact Information

Name _____

Preferred Address _____

City _____ State _____ ZIP _____

Preferred Phone _____

☐ Home ☐ Work ☐ Cell

Preferred Email _____

My affiliation with Washington University in St. Louis:

- ☐ WashU alumnus/alumna
- ☐ WashU faculty/staff
- ☐ WashU parent/former parent
- ☐ WashU student
- ☐ WashU friend

☐ My gift will be matched by _____

Visit giving.washu.edu/corporate to see if your company matches gifts.

☐ I prefer no Honor Roll listing.

☐ My gift should be credited to both my spouse/partner and me.

Spouse/partner's name _____

☐ My gift is ☐ in honor of: ☐ in memory of:

Name and address of person to be notified:

☐ I intend to recommend this gift via a donor-advised fund.

Name of fund _____

☐ I intend to recommend this gift via a family foundation.

Name of foundation _____

**If your gift or pledge will be paid from a donor-advised fund or private foundation, your gift will be an "intention" and not a legally binding pledge.*

Please contact me:

- ☐ I am interested in gift planning options to benefit my family and Washington University.
- ☐ I have included Washington University in my estate plans.
- ☐ I would like a gift officer to contact me about my giving options.
- ☐ I would like to learn more about volunteer opportunities.

Please see alumni.washu.edu/volunteer for more information.

To make a gift:

Mail

Return this form to:
MSC 1082-414-2555
Washington University in St. Louis
1 Brookings Drive
St. Louis, MO 63130-9989

Call

877-215-2727
Monday–Friday, 8:30 a.m.–5 p.m. CT

Online

Make a secure gift online:
gifts.washu.edu

My Gift

Check

☐ My one-time gift of \$ _____ is enclosed.

Please make checks payable to Washington University.

☐ I pledge* a total of \$ _____.

My first ☐ annual ☐ quarterly ☐ monthly

payment of \$ _____ is enclosed.

Credit Card

☐ Please charge my one-time gift of \$ _____ to my card listed below.

☐ I pledge* a total of \$ _____.

Please charge my first payment of \$ _____ and all equal remaining payments as follows:

☐ Annually ☐ Quarterly ☐ Monthly

☐ I will make a recurring credit card gift as follows until canceled**:

\$ _____ ☐ Annually ☐ Quarterly ☐ Monthly

***You can change or discontinue your recurring gift at any time by contacting University Advancement at 877-215-2727 (option 3) or annualfund@wustl.edu.*

Credit Card Information

☐ Amex ☐ Discover ☐ Mastercard ☐ Visa

Account No. _____ Exp. Date _____ CVV # _____

Name on Card _____

Please print.

Signature _____

Please direct my gift to: (designate one or more gift options)

☐ WashU Annual Fund

☐ WashU Undergraduate Scholarships

Name of annual scholarship (\$10,000 per year or more):

☐ Other _____

I/we authorize the University to use my/our gift for purposes that the University reasonably determines will best align with and support the above-stated designation.

Annual Fund Recognition Levels

Danforth Circle

Chancellor's Level \$50,000 or more

Dean's Level \$25,000–49,999

Eliot Society Patron \$10,000–24,999

Eliot Society Benefactor \$5,000–9,999

Eliot Society Fellow \$2,500–4,999

Eliot Society Member \$1,000–2,499

Recognition levels are based on cumulative gifts made in a fiscal year, July 1–June 30.

Your gift to Washington University is tax deductible to the extent allowed by law.

With You.
The WashU Campaign

All gifts to the Annual Fund count toward With You: The WashU Campaign.
Visit withyou.washu.edu to learn more.

Questions? Call 877-215-2727 or email annualfund@wustl.edu