



Washington University in St. Louis

Contact Information

Name _____

Preferred Address _____

Home Campus

City _____ State _____ Zip _____

Telephone _____

Home Work Cell

Preferred email _____

My affiliation with Washington University in St. Louis:

- WUSTL alumnus/alumna
- WUSTL faculty/staff
- WUSTL parent/former parent
- WUSTL student

- I prefer no Honor Roll listing.
- My gift should be credited to both my spouse/partner and me.
- My gift is in honor in memory of:

Name & address of person to be notified: _____

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
You may establish a named annual scholarship for each gift of \$5,000 or more.

Eliot Society Fellow \$2,500—4,999

Eliot Society Member \$1,000—2,499

Dean's Committee \$500—999

Century Club Fellow \$250—499

Century Club Member \$100—249

Annual Fund Donor \$1—99

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

Name of annual scholarship (\$5,000 per year or more): _____

Gifts are tax deductible to the extent allowed by U.S. and Canadian law.

Endowed Gifts and Planned Gifts

- Please contact me about endowed scholarships, professorships, or other restricted gifts.
- Please contact me about planned giving options.

To make a gift:

Mail

Return this form to:
Washington University in St. Louis
Campus Box 1082
One Brookings Drive
St. Louis, MO 63130-4899

Call

877.215.2727
Monday-Friday, 8:30AM-5:00PM

Online

Make a secure gift online:
gifts.wustl.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 cancelled*:
\$ _____ Annually Quarterly Monthly
- * By choosing this option, I request that Washington University continue to receive this gift amount in the frequency noted above via this credit card account until I authorize a change or cessation of these gifts.

Credit Card Information

- Amex Discover Mastercard Visa
- Account No. _____ Exp. Date _____
- Name on Card (Please print) _____
- Signature _____

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

- Washington University
- Washington University Scholarship Support
- Arts & Sciences
 - College of Arts & Sciences
 - Graduate School of Arts & Sciences
 - University College
- Brown School
- Olin Business School
- School of Engineering & Applied Science
- Sam Fox School of Design & Visual Arts
 - College of Architecture
 - Graduate School of Architecture & Urban Design
 - College of Art
 - Graduate School of Art
 - Mildred Lane Kemper Art Museum
- School of Law
- School of Medicine
 - Audiology & Communication Sciences
 - Occupational Therapy
 - Physical Therapy
- The Chancellor's Fund for Excellence
- John C. Danforth Center on Religion and Politics
- Harvey A. Friedman Center for Aging
- Richard A. Gephardt Institute for Public Service
- McDonnell International Scholars Academy
- Alvin J. Siteman Cancer Center
- Skandalaris Center for Entrepreneurial Studies
- Murray Weidenbaum Center on the Economy, Government, and Public Policy
- Institute for Public Health
- International Center for Advanced Renewable Energy and Sustainability
- Department of Athletics / W Club
- The Career Center
- Edison Theatre
- Friends of Music
- Habif Health & Wellness Center
- Washington University Libraries
- Other: _____

Questions?

Call 877.215.2727 or email annualfund@wustl.edu