

Our Washington

Together, we make a difference.

FACULTY & STAFF CAMPAIGN

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 by visiting
together.wustl.edu/ourwashington
and clicking "Give Now."

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

- | | |
|--|---|
| <input type="checkbox"/> Washington University Annual Fund | <input type="checkbox"/> Sam Fox School Annual Fund |
| <input type="checkbox"/> Washington University Scholarship Support | <input type="checkbox"/> Sam Fox School Scholarship Support |
| <input type="checkbox"/> Arts & Sciences Annual Fund | <input type="checkbox"/> Art Annual Fund |
| <input type="checkbox"/> Arts & Sciences Scholarship Support | <input type="checkbox"/> Art Scholarship Support |
| <input type="checkbox"/> Brown School Annual Fund | <input type="checkbox"/> Architecture Annual Fund |
| <input type="checkbox"/> Brown School Scholarship Support | <input type="checkbox"/> Architecture Scholarship Support |
| <input type="checkbox"/> Olin Business School Annual Fund | <input type="checkbox"/> School of Law Annual Fund |
| <input type="checkbox"/> Olin Business School Scholarship Support | <input type="checkbox"/> School of Law Scholarship Support |
| <input type="checkbox"/> School of Engineering & Applied Science Annual Fund | <input type="checkbox"/> School of Medicine Annual Fund |
| <input type="checkbox"/> School of Engineering & Applied Science Scholarship Support | <input type="checkbox"/> School of Medicine Scholarship Support |
| | <input type="checkbox"/> Siteman Cancer Center |
| | <input type="checkbox"/> Athletics |
| | <input type="checkbox"/> Washington University Libraries |
| | <input type="checkbox"/> Other: _____ |

Annual Fund Recognition Levels:

Annual Fund Donor	\$1-99
Century Club Member	\$100-249
Century Club Fellow	\$250-499
Dean's Committee	\$500-999
Eliot Society Member	\$1,000-2,499
Eliot Society Fellow	\$2,500-4,999
Eliot Society Benefactor	\$5,000-9,999
Eliot Society Patron	\$10,000-24,999
Danforth Circle	
Chancellor's Level	\$50,000 or more
Dean's Level	\$25,000-49,999

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

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. law.

Endowed Gifts and Planned Gifts

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

Questions?

Call Kathy Zeller at 314.935.5277 or email kathy_zeller@wustl.edu.

Contact information

My Name _____

Preferred Address _____

Home

Campus

City _____ State _____ Zip _____

Telephone _____ Home Work Cell

Preferred email _____

My affiliation with Washington University in St. Louis:

Full-time faculty

Part-time staff

Full-time staff

I am a WUSTL alumnus/alumna

Part-time or adjunct faculty

I am a WUSTL parent/former parent

I prefer no Honor Roll listing.

Please do not send me a thank-you gift.

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

My gift is in honor of in memory of: _____

Name & address of person to be notified: _____

Payment options

Payroll Deduction

My WUSTL Employee ID _____

Bi-weekly: Please deduct from my first paycheck each month: \$ _____.

Monthly: Please deduct from each paycheck: \$ _____.

Check one:

Continue until I cancel.

Continue until I reach this total amount: \$ _____.

Continue until this date: ___/___/___.

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 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 to or cessation of these gifts.

Credit Card Information

Amex

Discover

Mastercard

Visa

Account No. _____ Exp. Date _____

Name on Card (Please print) _____

Signature _____