

UW MEDICINE PLEDGE FORM

We appreciate your interest in UW Medicine's work in patient care, medical research and education. If you have any questions, please contact us at 206.543.5686, toll free 1.866.633.2586, or writemed@uw.edu. Please complete and mail this form to UW Medicine Advancement, University of Washington, Box 358045, Seattle, WA 98195-8045. (We ask that you do not email us any forms that contain credit card information.) Thank you.

1. DONOR INFORMATION

This pledge is from: <input type="checkbox"/> Individual				This pledge is from: <input type="checkbox"/> Organization (Please indicate type, e.g., foundation, corporation, etc.)				
NAME		SPOUSE/PARTNER NAME		ORGANIZATION NAME				
ADDRESS		CITY	STATE	ZIP	ADDRESS			
TELEPHONE		EMAIL		CITY		STATE	ZIP	
SPOUSE EMAIL				ORGANIZATIONAL CONTACT NAME				
EMPLOYER NAME				TITLE				PHONE
WORK PHONE		WORK EMAIL		EMAIL				
WORK ADDRESS		CITY	STATE	ZIP				

2. PLEDGE INFORMATION

Total amount _____ Fund name or purpose (Please indicate if you are creating a new fund, and if that fund is to be endowed.)
\$ _____
\$ _____
\$ _____

Annual giving club: Individual donors who give \$1,000 or more per year become members of the UW Medicine Turner Society.

3. PLEDGE FULFILLMENT (NOT TO EXCEED 5 YEARS)

I/we would like to make pledge payments: Annually Semi-annually Quarterly Monthly
for a period of _____ years/months (circle one). Starting _____ (mm/yy) Amount per payment: \$ _____

4. PAYMENT (PLEASE CHECK ALL THAT APPLY.)

<input type="checkbox"/> Please send pledge reminders to the address above. <input type="checkbox"/> Please do not send pledge reminders. <input type="checkbox"/> I would like to make my first pledge payment, totaling \$ _____, now. <input type="checkbox"/> Enclosed is my/our check, made payable to the University of Washington Foundation (tax I.D. 94-3079432). <input type="checkbox"/> Please bill my credit card. (See right.) <input type="checkbox"/> I would like to use more than one payment method to fulfill my pledge. I have attached detailed instructions. <input type="checkbox"/> Enclosed is a completed matching gift form from my or my spouse's employer. (Please note that corporate matches should not be included in the total amount of your pledge.)	<input type="checkbox"/> Please charge my credit card for all my pledge payments. I understand that my credit card will be automatically charged in each billing cycle. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover CARD NUMBER _____ EXP. DATE (month/year) _____ FULL NAME ON CREDIT CARD _____ SIGNATURE (required to validate payment) _____
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5. SIGNATURE (REQUIRED) _____ DATE _____

I AM INTERESTED IN CREATING A LEGACY FOR UW MEDICINE.

Please send information on wills, bequests and other types of planned giving.
 I have included UW Medicine in my will or estate plan.

For UW Medicine Advancement Donor ADIF _____ Spouse ADIF _____ Other associated credit ADIF _____ Allocation code _____ Budget number _____ Soft credit? _____ Authorized signature _____ Date _____
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Your gift is tax deductible as specified in IRS regulations. Pursuant to RCW 19.09, the University of Washington is registered as a charitable organization with the Secretary of State, state of Washington. For information, call the Office of the Secretary of State, 1.800.332.4483.