

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: Individual / Organization. Includes fields for Name, Address, Telephone, Spouse Email, Employer Name, Work Phone, Work Email, Work Address, Organization Name, Address, City, State, Zip, Organizational Contact Name, Title, Phone, and Email.

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.)

Checkboxes for: Please send pledge reminders to the address above, Please do not send pledge reminders, I would like to make my first pledge payment, totaling \$ \_\_\_\_\_, now. Enclosed is my/our check, made payable to the University of Washington Foundation (tax I.D. 94-3079432). Please bill my credit card. (See right.) I would like to use more than one payment method to fulfill my pledge. I have attached detailed instructions. 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.) Please charge my credit card for all my pledge payments. I understand that my credit card will be automatically charged in each billing cycle. Visa / MasterCard / American Express / Discover. Includes fields for Card Number, Exp. Date, Full Name on Credit Card, and Signature.

5. SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

I AM INTERESTED IN CREATING A LEGACY FOR UW MEDICINE.

Checkboxes for: 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 \_\_\_\_\_

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.