THE WAYNE E. CRILL ENDOWED GRADUATE RESEARCH FUND
Gift/Pledge Form

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Yes! I'd like to support the Wayne Crill Endowed Graduate Research Fund with a pledge/gift of:

$250 ***$500*** ***$1,000*** ***$2,000*** ***Other: $_____***

I prefer to pay my pledge over a period of:

One Year Two Years Other (specify): _____

Please send me reminders for semi-annual annual payments beginning: _____ (month/year)

Payment Information:

Enclosed is my check made payable to the *University of Washington Foundation.*

I prefer to pay by credit card.

Check one: Visa MasterCard American Express

Specify complete credit card account number _____ Expiration date ___

Name as it appears on card _____

Signature (needed to validate) _____

I am a member of the UW faculty and prefer to pay by payroll deduction. Please send me a form.

My gift will qualify me for:

UW President's Club ($2,000 or more) Turner Society ($1,000 or more)

_____ _____
(Donor signature) (Date)

Please make checks payable to the UNIVERSITY OF WASHINGTON FOUNDATION and send with this form in the enclosed envelope to the Medical Affairs Development Office, University of Washington, Box 358220 or bring to Laurie Levy, G424 HSB. Your gift is tax-deductible as specified in IRS regulations. This gift/pledge may be modified at any time by notifying the Medical Affairs Development Office at (206) 543-5686.

WEC00/form1

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