
NAME

PREFERRED MAILING ADDRESS

E-MAIL ADDRESS

TELEPHONE NUMBER

I/We would like to make a gift to the UW School of Pharmacy in the amount of:

- \$500 – *Dean's Club single-year gift*
- \$500 – *Young Alumni Dean's Club—two-year pledge of \$250 per year*
- Other amount: \$_____

Please designate my/our gift to:

- Dean's Fund for Excellence
- Institute for Innovative Pharmacy Practice (I2P2)
- The Drug Metabolism Endowed Fellowship
- Doug Black Endowment for PharmD Students
- Other_____

Method of Payment:

- My/Our check for \$_____ made payable to the UW Foundation is enclosed.
- I/We authorize the UW School of Pharmacy to charge our gift of \$_____ to this credit card.
- Visa MasterCard American Express

CARD NUMBER

EXP. DATE

CARDHOLDER'S NAME

SIGNATURE

- My employer's Matching Gift form is enclosed.
- Please jointly credit my UW alum spouse/partner and me:

- This gift is given anonymously.

I would like information about:

- Additional giving opportunities

Thank you for your support!

School of Pharmacy 
UNIVERSITY OF WASHINGTON

Appeal code YAC08

