



**Leonard D. Hudson, M.D.**

**AMERICAN LUNG ASSOCIATION-LEONARD D. HUDSON, M.D.  
ENDOWED CHAIR IN PULMONARY AND CRITICAL CARE MEDICINE**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE WORK PHONE

The University of Washington's Division of Pulmonary and Critical Care Medicine and the American Lung Association of Washington are committed to a joint mission aimed at discovering cures for respiratory diseases. In support of this mission, both organizations are raising funds to establish an endowed chair in Medicine at UW Medicine in honor of Dr. Leonard D. Hudson, clinical pioneer, visionary researcher, teacher, and mentor.

**Enclosed is my/our gift (or pledge payment) to the ALA-Hudson Chair (HUDSENM):**

\$5,000\*     \$10,000\*     \$25,000\*     Other \_\_\_\_\_

\*A gift at this level qualifies the donor for membership in UW Medicine's Turner Society and the UW President's Club.

**Payment information**

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

I/we would like to make a pledge. Thank you for sending pledge reminders.  
(All pledge payments must be received by July 1, 2010; see chart at left for sample payments).

TOTAL CONTRIBUTION: \_\_\_\_\_

NO. OF YEARS: \_\_\_\_\_ START (MONTH/YEAR): \_\_\_\_\_

FREQUENCY OF PAYMENTS:  Monthly  Quarterly  Semi-annually  Annually

I/we prefer to pay by credit card.

PLEASE CHARGE:  MasterCard  Visa  American Express

\_\_\_\_\_  
ACCOUNT NUMBER EXPIRATION DATE

\_\_\_\_\_  
SPECIFY FULL NAME AS IT APPEARS ON CARD

\_\_\_\_\_  
SIGNATURE (NECESSARY TO VALIDATE PAYMENT)

Enclosed is a completed matching gift form from my or my spouse's employer.

**Please send information on:**  Gifts that can provide me with a life income.  
 Including UW Medicine in my will.  
 I have included UW Medicine in my will.

**If you have any questions, please call Cecily Clemons, UW Medicine Development, at 206-221-2959.**

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.

SAMPLE PLEDGE PAYMENTS	
Total pledge amount	Monthly payment (over 36 mo.)
\$2,500	\$70
\$5,000	\$140
\$7,500	\$208
\$10,000	\$277

Gift Processing — Please note that this gift or pledge should decrement the pledge made by ADIF #345306 to HUDSENM. Thank you. **M7SLA**