

Yes! I would like to support  
The Henry W. Maier Clinical Skills Practitioner Program

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

☐ Pledge/Gift amount: \_\_\_\_\_ over a period of \_\_\_\_ years (1-5).

☐ Enclosed is my/our check payable to *the UWFoundation*.

☐ For credit card payment:    ☐ Visa        ☐ MasterCard        ☐ AMEX

Card# \_\_\_\_\_ Exp \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

☐ My/my spouse's employer will match this gift. The company's form is enclosed.

**Thank you for your tax deductible gift!**

Questions? Please call the School of Social Work Development Office at 206.221.7735