

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 UW Foundation*.

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