

UW Medicine
DEPARTMENT OF
RADIOLOGY



Your gift today will enrich Radiology resident education for many years to come!

Name _____
Address line 1 _____
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City, State, Zip _____
Phone _____
Email _____

Yes, I/We would love to support Radiology Residents at UW Medicine!

ENCLOSED IS MY/OUR GIFT (OR INITIAL PLEDGE PAYMENT) OF:

\$500 \$1,000 \$2,500 \$5,000 \$10,000 Other _____

Gifts totaling \$2,000 or more annually qualify for membership in The President's Circle.

I/we prefer to make a multi-year pledge of \$_____ per year for a total of \$_____
Please send reminders for: Monthly Quarterly Semi-annual Annual payments of \$_____

PLEASE DESIGNATE THIS GIFT/PLEDGE TO:

Charles A. Rohrmann, Jr., M.D. Endowment for Radiology Resident Educational Excellence (ROHRMA, 99-3389)

PAYMENT AND OTHER INFORMATION:

- Enclosed is my/our check, made payable to the University of Washington Foundation (tax I.D. 94-3079432)
- I/we prefer to pay by credit card. **Please charge:** MasterCard Visa American Express Discover
Account number: _____ Expiration date: _____ CVV _____
Specify full name as it appears on card: _____
- Please make this a recurring gift. Please charge my card \$_____ a month for _____ months
- Enclosed is a completed matching gift form from my /my spouse's employer
- I/we prefer to give through the UW payroll deduction program (faculty/staff donors only). Beginning next month, please divide my pledge of \$_____ over the next 24 pay periods. My employee ID number is _____

SIGNATURE (required for all gifts and pledges): _____ **Date:** _____

I AM INTERESTED IN CREATING A LEGACY AT UW MEDICINE:

- I/we have included UW Medicine in my/our will.
- Please send information on including UW Medicine in my/our will.
- Please send information on gifts that will provide me/us with a life income.

This gift is in memory/honor (circle one) of:
