

WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

Department of Anesthesiology

Vision for the Future

Contribution Form

(Please print)

YES, I want to support the Department of Anesthesiology to further its mission of anesthesia and pain-related education and research.

Contribution amount options: \$100, \$500, \$1,000, \$2,500, \$5,000, Other

I have enclosed a check payable to WSU-School of Medicine (Please indicate Department of Anesthesiology on memo line)

I would like to make a gift by credit card (VISA, MasterCard)

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to make a gift pledge commitment (1-5 years) to support the Department of Anesthesiology. Please contact me at \_\_\_\_\_ to discuss this opportunity.

Donor Name: \_\_\_\_\_ This gift is anonymous.

Address: \_\_\_\_\_

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Your gift may also honor or recognize a friend, family member, business, etc.

In Memory Of: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

Please send an acknowledgement to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Thank you! Your generosity and support is greatly appreciated.

Please send all correspondence to:

Patty Paquin, EHG

Wayne State University

Wayne State University

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