



**WAYNE STATE**  
School of Medicine

In honor of my reunion, I would like to make a contribution to support the **Wayne State University School of Medicine Alumni Annual Fund.**

**1 Gift amount:**

\$2,500    \$1,000    \$500    \$250    \$150    \$50    \$25    Other: \_\_\_\_\_

**2 Payment method:**

Check payable to **Wayne State University**

Credit card gift:    VISA    Mastercard    American Express    Discover

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_

**3 Please see reverse to complete your gift → → →**

Fund Office Use: SOM 221226

**4 Please provide the following:**

**Questions?** Call 313-577-2263 or email [donor\\_experience@wayne.edu](mailto:donor_experience@wayne.edu)

Name: \_\_\_\_\_ Spouse name: \_\_\_\_\_ Is spouse an WSU alum?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

I/my spouse work(s) for a matching gift company. My/our matching gift form  is enclosed  will be sent

Please send me information on supporting Wayne State through my estate.

I am already supporting Wayne State through my estate.



*Please return using provided envelope or mail to:*  
Wayne State University  
PO Box 441970  
Detroit, MI 48244-1970