Since 1968, the Wayne State University School of Medicine has educated and trained many of the country’s most brilliant general practitioners, specialists and researchers. The WSU School of Medicine has a stated mission of improving the overall health of the community and providing health care for uninsured and underinsured people of metropolitan Detroit. We are extremely proud that our graduates are some of the most compassionate and generous physicians, providing millions of dollars of uncompensated care annually.

On Saturday May 19, 2018, the Alumni Association will host its annual Medical Alumni Reunion Dinner and Award Ceremony to honor its alumni and celebrate the 150th anniversary of the School of Medicine. We ask for your support through the donation of a gift certificate or merchandise that will be used as an auction item at this year’s event. Donors will receive prominent recognition in the event program.

Your donation will help make the auction a success and will show appreciation for those who have devoted their lives to improving the health and well-being of others. Proceeds from the event will benefit the Medical Alumni Annual Fund, which supports programs and initiatives that have a direct and immediate impact on students’ academic success and professional growth.

If you have questions or need additional information, please contact Lisa Ramos, assistant director of Alumni Affairs, at 313-577-9022 or lramos@med.wayne.edu.

Thank you for your consideration.

Sincerely,

Brenda Moskovitz, M.D. ’83
President, Wayne State University School of Medicine Alumni Association
Silent Auction Donation Form

Contact Information:

Company or donor: __________________________________________________________

Contact person: __________________________________________________________

Address: __________________________________________________________________

City: __________________________ State: _______ ZIP: __________________________

Phone: __________________________ Fax: __________________________

Email: __________________________

Print name/business as it should appear in the event program for recognition:
___________________________________________________________________________

Gift description (include restrictions): __________________________________________

___________________________________________________________________________

Estimated Value: $___________ Expiration Date: ________________________________

Please return this form to:
WSU School of Medicine
Office of Alumni Affairs
540 E. Canfield Ave.
1369 Scott Hall
Detroit, MI 48201

Email: lramos@med.wayne.edu