



Washington University in St. Louis • School of Medicine

Young Scientist Program

Thank you for your support of the Young Scientist Program. Please complete and mail the form to the address below. Checks may be made payable to Washington University. Gifts are tax deductible as provided by law.

Personal Information

Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Email _____
 Phone (home) _____ (office) _____ (cell) _____

Is your address above Home or Business? _____

Is this an address change? ___ Yes ___ No

About Your Gift

I would like my gift to go to:

- YSP General Support (35297) in the amount of _____ (This is an unrestricted fund)
- YSP Endowment (26935) in the amount of _____
- My/our check for \$ _____ is enclosed (Please indicate YSP in memo line of your check)
- I/we would like to make a credit card gift of \$ _____

Please charge my American Express Discover MasterCard Visa

Account No. _____ Expiration Date _____ (MMYY)

Name as it appears on card _____

_____ Signature of card holder _____ Date

- I prefer that my gift remain anonymous
- Check here if you do not wish to appear in the Annual Fund Honor Roll of Donors
- I would like to make a gift ___ in honor of or ___ in memory of _____
Please Notify: _____ (Name and address)
- My (or my spouse's) employer matches gifts ___ Yes ___ No
Company Name _____

If giving by check please mail the completed form to:

Washington University in St. Louis, 7425 Forsyth Blvd, Campus Box 1247, Saint Louis, MO 63105

If giving by credit card please fax completed form to:

Patrick Delhougne at 314-935-9716

For additional information about gifts to the Young Scientist Program, please contact:

Patrick Delhougne, Office of Medical Alumni and Development Programs

7425 Forsyth Blvd., Campus Box 1247, St. Louis, MO, 63105-2161

Phone: 314-935-9680

Email: delhougne@wustl.edu