

UW Medicine

**Yes, I want to support early detection research in pancreatic cancer at UW Medicine.
Enclosed is my gift of \$_____.**

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

Enclosed is my/our gift (or initial pledge payment) of:

\$500 \$250 \$100 \$50 \$25 Other \$_____

I/we prefer to make a multi-year pledge of \$_____ per year for a total of _____.

Please designate this gift/pledge to:

Pancreatic Cancer Early Detection Research Fund (CANARY)

Payment Information:

Enclosed is my/our check made payable to the University of Washington Foundation.

I/we prefer to pay by credit card.

Please charge: MasterCard Visa American Express

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SPECIFY FULL NAME AS IT APPEARS ON CARD _____

SIGNATURE (NECESSARY TO VALIDATE PAYMENT) _____

Enclosed is a completed matching gift form from my/my spouse's employer.

Please send information on:

Gifts that provide life income.

Including UW Medicine in my/our will.

I have already included UW Medicine in my will.

If you have any questions, please call UW Medicine Development at (206) 543-5686.

Please return all gifts to: UW Medicine Development
1325 Fourth Avenue, Suite 2000
Seattle, WA 98101-2506