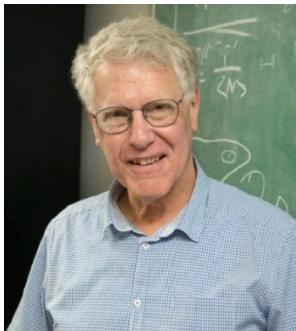




LEADING *Together*

The Campaign for Washington University

# PLEDGE AGREEMENT



The colleagues, friends and trainees of Dr. Elliot L. Elson have expressed a wish to establish an endowed education and training fund to honor him and his extraordinary impact on both the Washington University School of Medicine and the field of fluorescence correlation spectroscopy (FCS). His teaching and research contributions have been far-reaching and numerous.

I/We would like to make a gift to the  
*Elliot L. Elson Education and Training Endowment (#3030-27287)*

Please accept my gift of \$ \_\_\_\_\_.

- This is a one-time gift.
- I/We wish to fulfill this commitment with \_\_\_\_\_ equal payments in the amount of \$ \_\_\_\_\_, to be made in
  - weekly  monthly  annual (check one) installments, with the first payment to be made by \_\_\_\_\_ (month/day/year).
- I/we wish to make an anonymous gift.  Please send pledge reminders.

## CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

## PAYMENT INFORMATION

- I/we wish to pay by check. *(make checks payable to Washington University)*
- Please charge my credit card.  MasterCard  Visa  AmEx  Discover
- Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Name on Card (print) \_\_\_\_\_ Signature \_\_\_\_\_
- I/we intend to make this gift via:  a donor advised fund  a family foundation  
Name of fund or foundation: \_\_\_\_\_
- My gift will be matched by: \_\_\_\_\_  
(Please include matching gift form.)

*You can change or discontinue your recurring gift at any time by contacting Alumni & Development at (314) 935-9686. Your gift to Washington University is tax deductible to the extent allowed by U.S. and Canadian law. Fiscal year runs July 1 to June 30.*

For additional information, please contact:  
**David Shearrer | Phone: (314) 935-9691 | Fax: (314) 935-9716 | Email: [shearrer@wustl.edu](mailto:shearrer@wustl.edu)**  
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