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SCHOOL OF MEDICINE
Department of Anesthesiology
Vision for the Future
Contribution Form
(Please print)

YES, I want to support the Department of Anesthesiology to further its mission of anesthesia and pain-related education and research.

\$100 \$500 \$1,000 \$2,500 \$5,000 Other _____

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(Please indicate Department of Anesthesiology on memo line)

I would like to make a gift by credit card VISA MasterCard

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I would like to make a gift pledge commitment (1-5 years) to support the Department of Anesthesiology. Please contact me at _____ to discuss this opportunity.

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Your gift may also honor or recognize a friend, family member, business, etc.

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Please send an acknowledgement to:

Name: _____ Address: _____

Thank you! Your generosity and support is greatly appreciated.

**Please send all correspondence to:
Patty Paquin, Associate Director
Development and Alumni Affairs, Wayne State University
4201 St. Antoine, 6F-8
Detroit, MI 48201
(313) 577-0026 or ppaquin@med.wayne.edu**

