

### School of Medicine

### Thank you for your support









# 1 My Gift

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Please direct my gift to:\*

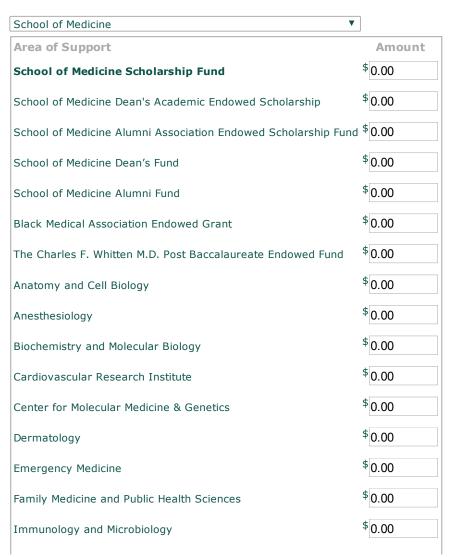
- President's Discretionary Fund
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Neurology	\$ 0.00
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Neurosurgery	\$ 100.00
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Obstetrics and Gynecology	\$ 0.00
	\$ 0.00
Oncology	\$ 0.00
	\$ 0.00
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	\$ 0.00
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rediatrics	0.00
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That macology	0.00
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Thysical redicine and Renabilitation Riff	0.00
Physiology	\$ 0.00
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Psychiatry and Behavioral Neurosciences	\$ 0.00
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Radiology	\$ 0.00
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Urology	\$ 0.00
School of Medicine - Other	\$ 0.00





The amount you have designated is greater than your total gift amount by \$100.00. Please adjust your gift amount to \$100.00 in order to proceed.

#### Is this a payment for an existing pledge?\*

○Yes ●No

# 2 Personal Information

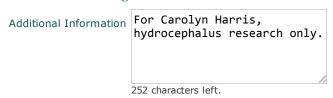
☐ I know my Wayne State Access ID and associated password.

Prefix	Select ▼
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### 3 Extra Gift Information

- ☐ My gift is in honor/memory of someone.
- There's a person to notify of my gift.
- ✓ I have additional gift information.





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Print out your details for a check payment to be sent in by mail

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Make check payable to Wayne State University. For questions or comments, please contact the Wayne State University Gift Processing at (313) 577-2263.

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