

# SHARE OUR VISION FOR A BETTER WORLD

The Center for Investigating Health Minds, at the Waisman Center would like to thank you for supporting and believing in our vision of **CHANGE YOUR MIND. CHANGE THE WORLD.**

To mail in your gift, please fill out the following form. Please make the check for your gift payable to: UW Foundation, Center for Investigating Healthy Minds, 12446373 and mail it to the University of Wisconsin Foundation, US Bank Lockbox, Box 78807, Milwaukee, WI 53278-0807

Enclosed is my gift to the Center for Investigating Healthy Minds, for:

\$1000    \$500    \$250    \$100    \$50    \$ \_\_\_\_\_ (other amount)

Joint gift with spouse \_\_\_\_\_ (spouse name)

Please include the following information:

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Job Title/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Matching Gift Company?

Yes    No

I would like to extend my support by giving the above amount every year for the next \_\_\_\_\_ years.

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## PAYMENT OPTIONS

I have enclosed a check made payable to the UW Foundation, Center for Investigating Healthy Minds

Please charge my gift of \$\_\_\_\_\_ to my:  Visa  MasterCard  American Express  Discover

Please print name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

My employer, \_\_\_\_\_ will match this gift.

Matching gift form enclosed  Company form completed online

## Authorization Agreement for Direct Payments (ACH debit)

I have enclosed a voided check and authorize the UW Foundation to:

Debit my checking account monthly for a recurring gift of \$ \_\_\_\_\_ beginning in \_\_\_\_\_ (month).

Debit my checking account for \$ \_\_\_\_\_ for \_\_\_\_\_ consecutive months beginning in \_\_\_\_\_ (month) until my pledge of \$ \_\_\_\_\_ has been fulfilled.

This authorization shall remain in full force and effect until my pledge is fulfilled or the UW Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to allow the UW Foundation and depository financial institution a reasonable opportunity to make the change. I understand transactions will be processed on the 15th of each month.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have further questions about your gift to the Center, please contact our executive director, Barb Mathison, at [bmathison@wisc.edu](mailto:bmathison@wisc.edu). To make your gift online, visit [www.investigatinghealthyminds.org](http://www.investigatinghealthyminds.org) and click the Generosity tab. You will receive a receipt for your gift.