Friends of the Trust



Vesalius Trust for Visual Communication in the Health Sciences

Helping foster the education and advancement of some of the brightest, most creative minds in visual communication. These individuals transform complex information into clear, accurate and aesthetic images.

Donor Information (please print or type)

Name					
Company	y Name				
Address					
City, State, Zip Code					
Phone	Email				

Pledge Information (please print or type)

I hereby pledge a five-year membership with the *Friends of the Trust* and support of the Vesalius Trust as a:

Andreas Friend (\$5,000)	Leonardo Friend (\$2	2,500) 🗌 M a	ax Friend (\$1,250)					
I wish to contribute the total amount in: $\Box 1$ single payment $\Box 5$ annual payments								
Payment method: Credit card Cash	Check	Appreciated	equities (contact Trust for details)					
Credit card type (<i>if contributing by card</i>):	sa 🗌 Mastercard	Discover	American Express					
Credit card number:	Expi	iration date:	/ CVC:					

Please make checks payable to: Vesalius Trust Mailing address: 800 S Washington St. Apt B208, Alexandria, VA 22314

Acknowledgment Information (please print or type)

Please use the following name(s) in all acknowledgments:

Pledge made in honor of

□ I (we) wish to have my (our) gift remain anonymous.

I (we) understand that I (we) may fulfill my (our) pledge obligation at any time. I (we) further understand that if I (we) am unable to fulfill my current obligation for any reason, I (we) will notify the Executive Director of the Vesalius Trust, who may be able to suggest alternatives.

Signature (s)	Date		I			
The Vesalius Trust is recognized by the IRS under section 501(c)3 of the IRS tax code. No valuable goods or services are conveyed in consideration of this						
pledge; the amount paid to the Vesalius Trust may be tax deductible to the extent allowed by law. Please cons	ult your tax advisor	for more information	on.			