Email Signature with Pronouns

**First and Last Name**



**Title Name**Department Name | **UW Medicine**

000 Republican St. | Box 000000 | City, State 00000-0000
**OFFICE**:    000.000.0000    **FAX**: 000.000.0000    **CELL**: 000.000.0000

**EMAIL**:    uwmedicine.email@uw.edu    **WEB**: uwmedicine.org

    

**Pronouns** |He, Him, His

Option without cellular phone number and website URL

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