



Yes, I'd like to join the Staff and Faculty Campaign!

AMOUNT (may be paid over 5 years)

One-Time Gift Amount (\$10 minimum):

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$ _____

Payroll Deduction (\$2 minimum)

\$_____ Per paycheck, for a total of \$_____ over _____ pay periods for _____ years

Walter Zeit Fellowship: Join with a payroll gift of \$167 per month over 60 months/5 years

GIFT DESIGNATION

Annual Fund for Excellence (unrestricted)

Other _____

CONTACT INFORMATION

Name: _____ MCW ID: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

PAYMENT

ONLINE GIFT or PLEDGE: <https://mcwsupport.mcw.edu/facultystaffgiving>

CHECK ENCLOSED Payable to Medical College of Wisconsin

Mail to: Medical College of Wisconsin

Attn: Office of Institutional Advancement

P.O. Box 26509

Milwaukee, WI 53226-0509

PLEDGE (\$2,500 minimum) of \$_____ per year for ___ years.

Enclosed is first payment \$_____

Will bill annually, unless otherwise specified: _____

To make a gift of appreciated securities or another method, please contact Elsa Knysak at (414) 955-4516.

RECOGNITION

My gift is in honor/memory of: _____

For listing in the Online Honor Roll of Donors:

List my recognition name as _____

I/we wish to remain anonymous

SIGNATURE

Sign to confirm pledge and/or payroll deductions: _____