



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

AMOUNT

One-Time Gift Amount:

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

Payroll Deduction (\$2 minimum)

\$ _____ Per paycheck, for a total of \$ _____ over _____ pay periods for _____ years
26 pay periods per year, payroll deductions begin the following paycheck after form is received

GIFT DESIGNATION

- Annual Fund for Excellence (unrestricted)
- Employee Assistance Fund
- Other _____

CONTACT INFORMATION

Name: _____ MCW ID: _____
Address: _____
City, State Zip: _____
Phone: _____ Email: _____

PAYMENT

ONLINE GIFT or PLEDGE: giving.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 of \$ _____
Enclosed is first payment of \$ _____
Will bill annually, unless otherwise specified: _____

To make a gift of appreciated securities or another method, please contact 414-955-4700.

RECOGNITION

My gift is in honor/memory of: _____

SIGNATURE

Sign to confirm pledge and/or payroll deductions: _____