



Yes! I'd like to support the Cancer Center

*I would like my gift to help provide the best patient experience,
backed by innovative medical discovery.*

I. AMOUNT (may be paid over 5 years):

Please accept my commitment of (Circle one):

\$5,000 \$2,500 \$1,000 \$750 \$500 \$250 Other \$ _____

II. GIFT DESIGNATION

- Cancer Center** (*unrestricted*)
- Annual Fund for Excellence (*MCW unrestricted*)
- Other (please specify): _____
- NAMED ENDOWED FUND - \$25,000 minimum – please contact Marla Habert at (414) 805-3306/mhabert@mcw.edu

III. PAYMENT

- CHECK ENCLOSED payable to the Medical College of Wisconsin
- PLEDGE payable at \$ _____ per year for _____ years [maximum of 5 years]
Enclosed is my first payment of \$ _____
Please send payment reminders starting in _____ (month) of _____ (year)
- CREDIT CARD please complete information below or visit <http://www.mcw.edu/giving>
Account # _____
Expiration Date: _____ MC Visa Discover Am. Express
Cardholder's Name: _____
Signature: _____ Date: _____
- STOCK TRANSFER – please contact Marla Habert at (414) 805-3306/mhabert@mcw.edu

My gift is in honor/memory of: _____

IV. RECOGNITION [For listing in the 2019 online Donor Honor Roll which recognizes gifts of \$250 or more given between July 1, 2018 – June 30, 2019]

- Please list my recognition name as _____
- I/We wish to remain anonymous

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

THANK YOU!

Office of Development - Medical College of Wisconsin, P.O. Box 26509, Milwaukee WI 53226-0509 (414) 955-4700