**FRIENDS**
of the Medical College of Wisconsin

*The Friends support and assist the charitable, educational, scientific activities and community services of the Medical College.*

I/We enclose $_______ to cover dues for one year, July 1 – June 30.

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Friends of the Medical College of Wisconsin
PO Box 26509
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Dues are deductible to the extent allowed by law. Dues are payable upon receipt.

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- [ ] Please have someone from the Friends contact me.