



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.

Dr./Mr./Mrs./Miss _____
Name(s) as you wish it(them) to appear in the directory and on mailings

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail Address _____

Make checks payable to ***Friends of MCW*** and send your check and this form to:
Friends of the Medical College of Wisconsin
PO Box 26509
Milwaukee, WI 53226

Dues are deductible to the extent allowed by law. Dues are payable upon receipt.

Membership Categories

- | | |
|--|--|
| <input type="checkbox"/> FRIEND (individual) \$25.00 | <input type="checkbox"/> SPONSOR \$60.00 |
| <input type="checkbox"/> FRIENDS (Two, same address) \$40.00 | <input type="checkbox"/> PATRON \$100.00 |
| <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |

Volunteer Opportunities

- We welcome volunteers for our many projects.
- Please have someone from the Friends contact me.