



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

**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: \_\_\_\_\_