



## PULMONARY, CRITICAL CARE & SLEEP MEDICINE GIVING FORM

**I. Please accept my pledge / gift of \$\_\_\_\_\_** to support the Pulmonary, Critical Care & Sleep Medicine Division at the Medical College of Wisconsin.

This gift is a tribute,  in memory of: \_\_\_\_\_  in honor of: \_\_\_\_\_

Please send acknowledgement of this tribute to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### II. Please direct my gift to:

Randolph J. Lipchik Endowed Education Fund    Pulmonary Research    General Pulmonary Medicine

### III. Donor Information:

Please print your name(s) as you would like it to appear in the annual report:

\_\_\_\_\_

I/We wish to remain anonymous

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### IV. Method of Payment:

CREDIT CARD Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

CHECK ENCLOSED (*payable to the Medical College of Wisconsin*)

PLEDGE payable at \$\_\_\_\_\_ per (month / quarter / year). Reminders will be sent.

STOCK TRANSFER

---

I have enclosed a completed matching gift form from my employer.

I have included the Division of Pulmonary, Critical Care & Sleep Medicine in my estate plans.

I would like information on how to include the Division of Pulmonary, Critical Care & Sleep Medicine in my estate plans.

***Thank you for your support!***

Unless otherwise noted, all gifts over \$100 will be recognized in the Annual Report

*For more information, please call (414)955-6762*