

MCW Surgery

knowledge changing life

Please complete this form to make a gift to the We Care Fund for Medical Innovation and Research in the Department of Surgery at the Medical College of Wisconsin.

I. GIFT AMOUNT

Please accept my commitment of:

\$25,000 (\$5K/5-years) _____ \$10,000 _____ \$5,000 _____ \$1,000 _____ \$500 _____ Other \$ _____

I would like to join one of the Medical College of Wisconsin's premier giving societies: (*may be paid over 5-years*)

Walter Zeit Fellowship (\$25,000+) _____ *Presidents' Circle* (\$10,000-\$24,999) _____

II. GIFT DESIGNATION

We Care Fund for Medical Innovation and Research

Other _____

In Memory of _____ In Honor of _____

III. PAYMENT OPTIONS

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 www.mcw.edu/wecare

Account # _____

Expiration Date _____ Master Card Visa Discover American Express

Cardholder's Name _____

Signature: _____ Date _____

CHECK ENCLOSED payable to the Medical College of Wisconsin – We Care Fund

IV. RECOGNITION

Please keep my recognition name as _____

Change my recognition name to _____

I/We wish to remain anonymous

V. CONTACT INFORMATION

Name _____

Address _____

City, State Zip _____

Home Phone _____ Cell Phone _____ Email _____



THANK YOU!

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Gifts to the Medical College of Wisconsin are tax deductible as allowed by law.