AMOUNT (may be paid over 5 years)

[ ]  $1,000,000 [ ]  $500,000 [ ]  $250,000 [ ]  $100,000 [ ]  $50,000 [ ]  $25,000

[ ]  $10,000 [ ]  $5,000 [ ]  $2,500 [ ]  $1,000 [ ]  $500 [ ]  $ \_\_\_\_\_\_\_\_\_\_

GIFT DESIGNATION

 [ ]  Other: Global Health Fund in the Department of Surgery

DONOR INFORMATION

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT

* ONLINE GIFT or PLEDGE: https://mcwsupport.mcw.edu/makeagift

[ ]  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 of $ \_\_\_\_\_\_\_\_\_\_\_\_ per year for \_\_\_\_\_\_\_ years (minimum $2,500).

 Enclosed is first payment $\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_ paid by \_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_ paid by \_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_ paid by \_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_ paid by \_\_\_\_\_\_\_\_\_\_\_\_

**To make a gift of appreciated securities or another method, please contact Mary Echeverria at (414) 955-4710.**

RECOGNITION

My gift is in honor/memory of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For listing in the Online Honor Roll of Donors which recognizes gifts of $1,000 or more:

[ ]  List my recognition name as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I/we wish to remain anonymous