



Giving Form

Please print and complete this form to make a gift to the Medical College of Wisconsin Department of Surgery.

GIFT AMOUNT

Please accept my commitment of:

\$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ \$250 _____

I would like to join a lifetime giving society:

(may be paid over 5-years)

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

GIFT DESIGNATION

- Colon Cancer Research
- Pancreatic Cancer Research
- Transplant Program (Kidney, Liver, Pancreas)
- Trauma Surgery and Surgical Critical Care
- Surgical Oncology
- Vascular Surgery
- We Care Fund for Medical Innovation and Research
- Jonathan B. Towne Visiting Professorship Fund
- Surgical Skills Simulation Education Center
- Other (please specify) _____

In Memory of: _____

In Honor of: _____

Please send gift acknowledgement to:

Name _____
Address _____ City, State, Zip _____

PAYMENT OPTIONS

- CHECK ENCLOSED** payable to the Medical College of Wisconsin
- 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 the information below or visit <http://www.mcw.edu/giving>
 Visa Master Card American Express Discover
 Account # _____ Expiration Date: _____
 Cardholder's Name _____
 Signature _____ Date _____
- STOCK TRANSFER** – please contact (414) 805-5731 to set up this option

RECOGNITION

- Name as you wish it to appear for recognition purposes _____
- I / We wish to remain Anonymous.

CONTACT INFORMATION

Donor/Company Name _____
Address _____ City, State, Zip _____
Phone _____ Email _____

THANK YOU!

Medical College of Wisconsin, Office of Development, Department of Surgery, 8701 Watertown Plank Road, Milwaukee, WI 53226
Phone: (414) 805-5731 Fax: (414) 259-9225

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