



Gift/Pledge Form

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