



Friends of the Medical College of Wisconsin Membership Form

The Friends mission is to support the charitable, educational, scientific and community activities of the Medical College of Wisconsin.

I/We enclose \$_____ to cover my/our dues for one year, July 1 – June 30.

Please list your membership name(s) as you wish it/them to appear in the directory and on mailings:

Dr./Mr./Ms./Miss _____

Dr./Mr./Ms./Miss _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail Address _____

Make checks payable to Friends of MCW and send your check and this form to:

Friends of the Medical College of Wisconsin
PO Box 26509
Milwaukee, WI 53226

Dues are deductible to the extent allowed by law. Dues are payable upon receipt.

Membership Categories

- FRIEND (individual): \$30.00
- FRIENDS (Two, same address): \$45.00
- PATRON: \$105.00

Please mark: New OR Renewal

Volunteer Opportunities: We welcome volunteers for our many projects.

- Please have someone from the Friends contact me.

Save the postage! Use the QR code below to pay your dues electronically:

