



Gift/Pledge Form

AMOUNT (may be paid over 5 years)

- \$25,000 \$10,000 \$5,000 \$2,500 \$1,000 \$750
 \$500 \$250 \$ _____

GIFT DESIGNATION

- Annual Fund for Excellence (unrestricted)
 Other _____

CONTACT INFORMATION

Name: _____
Address: _____
City, State Zip: _____
Phone: _____
Email: _____
Signature: _____

PAYMENT

ONLINE GIFT or PLEDGE: <https://giving.mcw.edu/donate>

- 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 _____

To make a gift of appreciated securities or another method, please contact the Office of Institutional Advancement 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 \$250 or more:

- List my recognition name as _____
 I/we wish to remain anonymous