



**Yes, I'd like to support CIBMTR**

*Your gift to CIBMTR supports life-saving research in blood and bone marrow transplantation for the treatment of cancer and other life-threatening diseases.*

**I. AMOUNT**

- \$5,000  \$2,500  \$1,000  \$500  \$100  \$50  Other \$\_\_\_\_\_
- I have enclosed my company's Matching Gift Form to maximize my contribution.

**II. GIFT DESIGNATION**

- The Mortimer M. Bortin Endowment
- CIBMTR General Support Fund
- No Preference

**III. PAYMENT**

- CHECK ENCLOSED payable to the Medical College of Wisconsin/CIBMTR
- CREDIT CARD: [www.cibmtr.org/GIVE](http://www.cibmtr.org/GIVE)

**IV. IN HONOR or MEMORY OF**

I would like to make a gift in:

- honor of \_\_\_\_\_
- memory of \_\_\_\_\_

Please acknowledge gift to:

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Relationship to Designee: \_\_\_\_\_

*Note: All honor/memorial gifts are acknowledged, but the amount of your gift remains confidential.*

**V. CONTACT INFORMATION**

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

Please print, as you wish to be acknowledged on our donor listing.

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I wish to remain anonymous
- Please contact me about making an estate gift

**Thank you for your gift to CIBMTR!**

Contributions are tax deductible as allowed by law. 501(c)(3) Tax ID: 39-0806261