



# CORPORATE MEMBERSHIP CONTRIBUTION FORM

*My company would like to join the Corporate Membership Program designated below:*

\_\_\_\_\_ **Corporate Leaders** at the \$50,000 annual membership level

\_\_\_\_\_ **Corporate Patrons** at the \$25,000 annual membership level (select one):  
\_\_\_\_\_ Access to CIBMTR database OR \_\_\_\_\_ Center Volumes Dataset

\_\_\_\_\_ **Corporate Sponsors** at the \$10,000 annual membership level (select one):  
\_\_\_\_\_ Access to CIBMTR database OR \_\_\_\_\_ Center Volumes Dataset

\_\_\_\_\_ **Corporate Partners** at the \$5,000 annual membership level (select one):  
\_\_\_\_\_ Statistical Report on Survival Statistics for Blood and Marrow Transplants OR  
\_\_\_\_\_ CIBMTR Worldwide Directory of Blood and Marrow Transplant Physicians (excel)

## CONTACT INFORMATION (Please print clearly):

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province \_\_\_\_\_

US Zip or International Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## METHOD OF PAYMENT:

Checks should be made payable to: **Medical College of Wisconsin/CIBMTR** as a tax-deductible contribution as allowed by law, less fair market value.

Tax Exempt 501 (c) 3 Number: 39-0806261.

## Please send this form with your contribution to:

Sherry L. Fisher  
Associate Director of Development  
CIBMTR® - Medical College of Wisconsin  
9200 W. Wisconsin Ave, CLCC, Ste. C5500  
Milwaukee, WI 53226  
Phone: 414.805.0687; Fax: 414.805.0713  
e-mail: [slfisher@mcw.edu](mailto:slfisher@mcw.edu)