



CORPORATE MEMBERSHIP CONTRIBUTION FORM

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

Corporate Leaders at the \$60,000 annual membership level

Corporate Patrons at the \$30,000 annual membership level (select one):

Corporate Sponsors at the \$15,000 annual membership level (select one):
Access to CIBMTR data OR Center Volumes Dataset

Corporate Partners at the \$7,500 annual membership level (select one):
CIBMTR 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: sfisher@mcw.edu