

# Contribution Form



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

- \_\_\_\_\_ Corporate Leader at the \$50,000 annual membership level
- \_\_\_\_\_ Corporate Patrons at the \$25,000 annual membership level
- \_\_\_\_\_ Corporate Sponsors at the \$10,000 annual membership level
- \_\_\_\_\_ Corporate Partners at the \$5,000 annual membership level \*

\* Corporate Partners: Please select one of the following publications:

- \_\_\_\_\_ Statistical Report on Survival Statistics for Blood and Marrow Transplants
- \_\_\_\_\_ CIBMTR Worldwide Directory of Blood and Marrow Transplant Physicians – CD

*Medical College of Wisconsin  
8701 Watertown Plank Road  
Milwaukee, WI 53226  
Phone: 414-805-0700  
Fax: 414-805-0713*

*National Marrow Donor Program®  
3001 Broadway St. N.E. Suite 110  
Minneapolis, MN 55413-1753  
Phone: 612-884-8600  
Fax: 612-884-8661*

## CONTACT INFORMATION (Please print clearly):

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

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 mail 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

**For additional information:**

Phone: 414.805.0687; Fax: 414.805.0713  
e-mail: slfisher@mcw.edu



**SHARING KNOWLEDGE. SHARING HOPE.**