



# CORPORATE MEMBERSHIP CONTRIBUTION FORM

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

Corporate Executive at the \$75,000 annual membership level

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

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

CIBMTR Database Access    Center Volumes Dataset    US Allo HCT Activity Rpt

Corporate Sponsors at the \$15,000 annual membership level (select **ONE**):

CIBMTR Database Access    Center Volumes Dataset    US Allo HCT Activity Rpt

Corporate Partners at the \$7,500 annual membership level

## 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:

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Director of Corporate Office  
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Milwaukee, WI 53226  
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