

FRIENDS of the Medical College of Wisconsin

The Friends support and assist the charitable, educational, scientific activities and community services of the Medical College.

I/We enclose \$ _____ to cover dues for one year, July 1 – June 30.

Dr./Mr./Mrs./Miss _____
Name(s) as you wish it(them) to appear in the directory and on mailings

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Make checks payable to _____ and send your check and this form to:
Friends of the Medical College of Wisconsin
PO Box 26509
Milwaukee, WI 53226

Dues are deductible to the extent allowed by law. Dues are payable upon receipt.

Membership Categories

- | | |
|---------------------------------------|-------------------|
| ! FRIEND (individual) \$25.00 | ! SPONSOR \$60.00 |
| ! FRIENDS (Two, same address) \$40.00 | ! PATRON \$100.00 |
| ! NEW | ! RENEWAL |

Volunteer Opportunities

We welcome volunteers for our many projects.
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