



# 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

**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:

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