



Yes, I'd like to support the CIBMTR

Your gift to the CIBMTR supports life-saving research in blood and bone marrow transplantation for the treatment of cancer and other life-threatening diseases.

I. AMOUNT

- \$5,000 \$2,500 \$1,000 \$500 \$100 \$50 Other \$_____
- I have enclosed my company's Matching Gift Form to maximize my contribution.

II. GIFT DESIGNATION

- The Mortimer M. Bortin Endowment
- CIBMTR General Support Fund
- No Preference

III. PAYMENT

- CHECK ENCLOSED payable to the Medical College of Wisconsin/CIBMTR
- PLEDGE payable at \$ _____ per year for ___ years [maximum of 5 years]
Enclosed is my first payment of \$ _____
Please send payment reminders starting in _____ (month) of _____ (year)
- CREDIT CARD please complete information below
 - VISA MasterCard Discover American Express
 - Card No.: _____ Expiration Date: ____/____
 - Cardholder's Name: _____
 - Signature: _____ Date: _____

IV. IN HONOR or MEMORY OF

I would like to make a gift in honor of OR in Memory of a special person.

Please indicate: _____

Please Notify:

Name(s): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Relationship to Designee: _____

Note: All honor/memorial gifts are acknowledged, but the amount of your gift remains confidential.

V. CONTACT INFORMATION

Name: _____

Please print, as you wish to be acknowledged on our donor listing.

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____ I wish to remain Anonymous

Thank you for your gift to the CIBMTR!

Contributions are tax deductible as allowed by law. 501(c)(3) Tax ID: 39-0806261