



Gift/Pledge Form

AMOUNT (may be paid over 5 years)

- \$25,000 \$10,000 \$5,000 \$2,500 \$1,000
- \$750 \$500 \$250 \$100 \$_____

GIFT DESIGNATION

- The Froedtert Fund (unrestricted)
- Other _____

CONTACT INFORMATION

Name: _____
 Address: _____
 City, State Zip: _____
 Phone: _____
 Email: _____

PAYMENT

ONLINE GIFT or PLEDGE: froedtert.com/fhfmakeagift

- CHECK ENCLOSED Payable to **Froedtert Hospital Foundation**
 Mail to: Froedtert & the Medical College of Wisconsin
 Attn: Office of Institutional Advancement
 P.O. Box 26509
 Milwaukee, WI 53226-0509

- PLEDGE of \$_____ per year for _____ years (minimum \$2,500).
 Enclosed is first payment \$_____
 \$_____ paid by _____
 \$_____ paid by _____
 \$_____ paid by _____
 \$_____ paid by _____

To make a gift of appreciated securities or another method, please contact (414) 955-4700.

RECOGNITION

My gift is in honor/memory of: _____

For listing in the Online Honor Roll of Donors which recognizes gifts of \$1,000 or more:

- List my recognition name as _____
- I/we wish to remain anonymous