

THANK YOU FOR YOUR GIFT OF:

- \$5,000
 \$2,500
 \$1,000
 \$500
 Other \$ _____



PLEASE DESIGNATE MY CONTRIBUTION TO:

- | | |
|--|--|
| <input type="checkbox"/> School of Architecture & Urban Planning | <input type="checkbox"/> College of Letters and Science |
| <input type="checkbox"/> Peck School of the Arts | <input type="checkbox"/> College of Nursing |
| <input type="checkbox"/> Lubar School of Business | <input type="checkbox"/> Zilber School of Public Health |
| <input type="checkbox"/> School of Continuing Education | <input type="checkbox"/> Helen Bader School of Social Welfare |
| <input type="checkbox"/> School of Education | <input type="checkbox"/> UWM Libraries |
| <input type="checkbox"/> College of Engineering & Applied Science | <input type="checkbox"/> Panther Athletics |
| <input type="checkbox"/> School of Freshwater Sciences | <input type="checkbox"/> Research |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> College of Health Sciences | <input type="checkbox"/> Chancellor's Catalyst Fund |
| <input type="checkbox"/> College of Information Studies | <input type="checkbox"/> Other _____ |

MAKE YOUR GIFT

- Make your gift **on-line at www.uwm.edu/giving**
 Enclosed is a check. Please **make checks payable to the UWM Foundation**, and mail this form to:
 UWM Office of Development
 3271 N Lake Dr
 Milwaukee, WI 53211

- Charge** my gift to:
 VISA
 MasterCard
 Discover

_____ _____/_____
 Card Number Expiration Date Signature

Many companies match their employees' or an employee's spouse's/partner's contribution to higher education. Please check with your Human Resources Department to see how you can increase the value of your gift.

- My employer will match this gift. Enclosed is the completed matching gift form.

 This is a joint contribution. Please split credit with _____ (relationship _____)
 Please send me information on how to support UWM through my will, trust, or other gift from my estate.

Your gift is tax-deductible to the fullest extent of the law

UPDATE MY INFORMATION

Name

Address

Phone Email

Employer Title

For additional information, please contact Tom Bjornstad at (414) 229-3298 or bjornsta@uwm.edu

