



# GiftForm

## Tactile Communications and Neurorehabilitation Laboratory (TCNL) Fund

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

### How to Give:

I would like to join others in support of excellence at the University of Wisconsin-Madison.

My/our gift of \$ \_\_\_\_\_ is enclosed in the form of a check made payable to the University of Wisconsin Foundation.

Please charge \$ \_\_\_\_\_ to my:  MasterCard  Visa  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Please bill me for my gift of \$ \_\_\_\_\_ in \_\_\_\_\_ (month).

I pledge \$ \_\_\_\_\_ to be paid by December 200\_\_. Please send me a reminder in \_\_\_\_\_ month(s).

I wish to remain anonymous.

I am interested in receiving more information about bequests and other planned giving options.

I have included the University of Wisconsin Foundation in my estate plan.

I have included my company's required forms to complete a matching gift.

Authorization section below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For UW Foundation Use: Fund Number **12586183**

### Please return this form to:

University of Wisconsin Foundation

US Bank Lockbox

PO Box 78807

Milwaukee, WI 53278-0807

TCNL questions: Kurt Kaczmarek, 608-265-3756, [kaczmarek@wisc.edu](mailto:kaczmarek@wisc.edu), <http://tcnl.med.wisc.edu>

UW Foundation questions: Marilyn Rhodes, 608-265-6119, [marilyn.rhodes@uwfoundation.wisc.edu](mailto:marilyn.rhodes@uwfoundation.wisc.edu)