“I am the first to graduate from college in my family. Because of your generosity, I am able to pursue my lifelong goal to become a physician. This stethoscope provides an instant bond among fellow medical badgers; it is really one big family!”

~ first-year medical student

thank you
FOR PROUDLY SUPPORTING
a new generation
OF PHYSICIANS

Stethoscope program
Wisconsin Medical Alumni Association
HELP US welcome A NEW STUDENT TO THE WORLD OF MEDICINE today

WMAA invites you to make a gift of a stethoscope to an incoming medical student, a tangible way to demonstrate the web of alumni support that surrounds our students.

Stethoscopes and a card bearing the donor’s name and class year will be presented to incoming students during orientation week in August.

You can make an immediate difference in the life of a new medical student

For a gift of $150
a first-year medical student will receive the gift of a stethoscope; the gift also contributes toward WMAA-sponsored programming for one year.

A gift of $500
 gifts a stethoscope and supports WMAA-sponsored programs of one student for all four years of medical school. In addition, the donor receives priority for two Homecoming football tickets and an opportunity to connect with their student at Homecoming and various student events throughout the year.

Join the Stethoscope Circle!
Show your support every year with an annual gift of a stethoscope - either at the $150 or $500 level.

Thank you for your support!

Please return this form with your contribution (Fund# 12587891) to:
WMAA, c/o UW Foundation, US Bank Lockbox, Box 78807, Milwaukee, WI 53278-0807

Gifts of multiple stethoscopes are welcome! Please indicate the number of stethoscopes you would like to donate in the box below:

$150 $500 Stethoscope Circle Level: $150/yr. $500/yr.

Please designate my/our gift for: ____________________________ (name of student)

Payment Options

[ ] ONLINE Give online at www.med.wisc.edu/stethoscope
[ ] Check Payable to the Wisconsin Medical Alumni Association

[ ] VISA [ ] MasterCard [ ] Discover [ ] American Express

__________________________________________ Exp. Date __ __ - __ __
Credit card number ___________________________________________ Month Year

______________________________
Signature

If you would like to discuss additional opportunities to support our medical students, please contact Jill Watson at jill.watson@supportuw.org or (608) 263-3173.