“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

Wisconsin Medical Alumni Association
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

The beat goes on
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 $200
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 $200 or $500 level.

Thank you for your support!
Please return this form with your contribution (Fund# 112587891) to:
WMAA, 750 Highland Avenue, Madison, WI 53705; or give online at www.supportuw.org/giveto/steth

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

$200
$500
Stethoscope Circle Level: $200/yr. $500/yr.
annually recurring

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

Payment Options
ONLINE Give online at www.supportuw.org/giveto/steth
Check Payable to the UW Foundation
Credit Card:

_________________________________________ Exp. Date __ __ " __ __
Month ____________________________ Year

Name ____________________________
MD Graduation Year ________ Resident/Fellow Year ________
Address ____________________________________________________________
Phone ____________________________________________________________
City _________________________ State ______ Zip _____________
E-mail __________________________
Business Name ____________________________________________________
Business Address ___________________________________________________
Business Phone _____________________________________________________

If you would like to discuss additional opportunities to support our medical students, please contact Jill Watson at jill.watson@supportuw.org or (608) 262-4632.