

**University of Wisconsin – Madison School of Medicine and Public Health – Division of Urology**

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I will to make a pledge or \$\_\_\_\_\_ annually to the fund of the division’s choice.  
Please send me a reminder in \_\_\_\_\_ (month).

I wish to donate at the following level:

**The Bardeen Fellows** (one \$25,000 gift or commitment of \$2,500 per year for 10 years)

**The Middleton Society** (One \$10,000 gift or commitment of \$1,000 per year for 10 years)

*Bardeen Fellows and Middleton Society members may designate a specific fund below.  
They are also honored at an annual reception and in the Medical School annual report.*

I will to make a pledge of \$\_\_\_\_\_ annually to the fund marked below.  
Please send me a reminder in \_\_\_\_\_ (month).

\_\_\_ **The David Theodore Uehling Professorship** to support academic pursuits in the Division of Urology.

\_\_\_ **The John B. Wear Lectureship** to support clinical and research endeavors in voiding dysfunction.

\_\_\_ **The Ira Sisk Memorial Resident Fund** to support resident education.

\_\_\_ **Urology Research Fund** to support research in the Division of Urology.

\_\_\_ **The “Annual Fall Uehling Lectures” Fund** to support the educational portion of the annual fall symposium.

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My Check is enclosed.

Bill me for my gift or \$\_\_\_\_\_ in \_\_\_\_\_.  
(month)

I wish to use my  Visa or  Mastercard.

Card number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

My company has a matching gift program. I have enclosed the appropriate forms.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

All contributions are tax deductible per IRS codes. Please make checks payable to the University of Wisconsin Foundation. You will receive a receipt for your gift.