

December 2005

Dear Fellow Actuarial Science Alum:

We have established a goal of fully funding the Hickman/Larson Chair over the next 3-5 years. This will require an incremental \$1.2 million in contributions from our alumni. We seek your support right now in order to preserve and create the future of the UW Actuarial Program. To this end, we have developed the following suggested giving levels using actuarial terms we are sure you will be familiar with:

- Leadership Level: \$25,000+ over the next 5 years
- Fellowship Level: \$10,000 over the next 5 years
- Associate Level: \$5,000 over the next 5 years

We will meet our target goal of \$1.2 million if we get 5 leadership gifts, 75 Fellowship gifts and 40 Associate gifts. This assumes approximately a 30% participation rate that we feel is very achievable based on our successful base of donors. We promise to report our progress to you as we embark on this groundbreaking effort for the UW Actuarial Program. Ultimately the decision is yours, but we hope you will decide to take part in creating the legacy of one of the premier actuarial departments in our country!

ON WISCONSIN!

Todd Blazei , FSA, Class of 1990
Hickman/Larson Campaign Chair
Director, University of Wisconsin Actuarial Alumni Club
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P.S. Matching gifts from employers can substantially increase the size of your gift. Please ask your personnel office for details and forms, and be sure to include the form with your pledge.

I/we wish to join other alumni and friends in their commitment to the Hickman/Larson Chair within the Actuarial Science Program of the University of Wisconsin-Madison School of Business.

- I/we pledge a Leadership Level Gift of \$25,000 over ___ years, of which _____ is enclosed.
- I/we pledge a Fellowship Level Gift of \$10,000 over ___ years, of which _____ is enclosed.
- I/we pledge an Associate Level Gift of \$ 5,000 over ___ years, of which _____ is enclosed.
- I/we pledge a gift of \$ _____ over ___ years, of which _____ is enclosed.

My company will match this gift; company form is enclosed.

Please charge my gift of \$ _____ to my: Master Card Visa American Express

Card number: _____ Expiration date: ____ / ____

Cardholder's name (please print) _____

Cardholder's signature _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Please make checks payable to **UW Foundation- Hickman/Larson Chair.**

Mail to: University of Wisconsin Foundation
US Bank Lockbox
PO Box 78807
Milwaukee, WI 53278-0807