

-Donation Form

Thank you for your gift to the Upstate Medical Alumni Foundation. Please fill in all appropriate information. Please call (315) 464-4361 or email medalum@upstate.edu with any questions.

Donor Information: *Please print. Phone and email information are optional.*

Name(s): _____ Class: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____
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Gift Information: *Please fill in amount.*

<u>Annual Funds:</u>	<u>Membership Dues:</u>	<u>Scholarship/Endowment Funds:</u>
\$ _____ Annual Fund	\$ _____ Annual (\$30)	\$ _____ Class of 1955 Scholarship
\$ _____ Parents Fund	\$ _____ Two-Year (\$55)	\$ _____ Class of 1965 Memorial Schol.
\$ _____ Reunion Class Fund	\$ _____ Life Member (\$600)	\$ _____ Class of 1966 Scholarship
	\$ _____ Life Member Installments	\$ _____ Class of 1971 Scholarship
	(\$300 this year, \$300 next year)	\$ _____ Class of 1973 Scholarship
		\$ _____ Class of 1977 Scholarship
		\$ _____ Class of 1984 Scholarship-Zogby
		\$ _____ Other (Please print name of fund below)

For a complete listing of funds, go to: www.medalumni.upstate.edu
 and click on scholarships under the giving tab.

Total Amount Given: \$ _____

Payment Information: *Please print credit card information legibly.*

Check enclosed-Make payable to Upstate Medical Alumni Foundation

Credit Card- Visa MC AMEX Discover

Card No: _____ Exp.Date: _____ Signature: _____

Miscellaneous Information: *Please print.*

Tribute Gift
 In Honor of _____
 In Memory of _____

Gift is Anonymous. Donation will not be listed in the Report of Gifts.

I/My spouse work for a matching gift company. Please return form with your payment.

Other pertinent information:

Please notify name & address below of my gift:

Please mail completed form with payment to:

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