

-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: _____

Email: _____

Gift Information: *Please fill in amount.*

Annual Funds:

\$ _____ Annual Fund
\$ _____ Parents Fund
\$ _____ Reunion Class Fund

Membership Dues:

\$ _____ Annual (\$30)
\$ _____ Two-Year (\$55)
\$ _____ Life Member (\$600)
\$ _____ Life Member Installments
(\$300 this year, \$300 next year)

Scholarship/Endowment Funds:

\$ _____ Class of 1955 Scholarship
\$ _____ Class of 1965 Memorial Schol.
\$ _____ Class of 1966 Scholarship
\$ _____ Class of 1971 Scholarship
\$ _____ Class of 1973 Scholarship
\$ _____ Class of 1977 Scholarship
\$ _____ Class of 1984 Scholarship-Zogby
\$ _____ Other (Please print name of fund below)

Total Amount Given: \$ _____

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

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 _____

Please notify name & address below of my gift:

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 mail completed form with payment to:

Upstate Medical Alumni Foundation
Setnor Academic Building #1510
750 East Adams Street
Syracuse, NY 13210

Fax (315) 464-4360