

-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 1965 Memorial Scholarship
 \$ _____ Class of 1966 Scholarship
 \$ _____ Class of 1968 Class Gift
 \$ _____ Class of 1971 Scholarship
 \$ _____ Class of 1973 Scholarship
 \$ _____ Class of 1977 Scholarship
 \$ _____ Class of 1979 Scholarship
 \$ _____ Class of 1984 Scholarship-Zogby
 \$ _____ *Other (Please print name of fund below)

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 **Please charge my card \$** _____

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