

UPSTATE FOUNDATION

Where your gift impacts the
health of the entire region.

Thank you for your donation to the Upstate Foundation.

DONATION AMOUNT

\$100 \$50 \$25 Other \$ _____

I/we would like to support:

- Upstate University Hospital
- Upstate Community Hospital
- Upstate Golisano Children's Hospital

CONTACT

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

This gift is In Honor of In Memory of

Please send notification to:

Name _____

Address _____

City _____ State _____ Zip _____

PAYMENT OPTIONS

Check enclosed made payable to the Upstate Foundation, Inc.

Please charge: Visa MasterCard Discover Amex

Card # _____ Exp. Date _____ Security Code _____

Signature _____

EMPLOYER MATCHING GIFT

I have enclosed my employer's matching gift form. Employer's name _____

ESTATE PLANNING

Consider giving to the Upstate Foundation through your will/estate planning:

- I have remembered Upstate I intend to remember Upstate
- Please send me free and confidential information about making a gift through my will.

Thank you!