

# 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!*

**The Upstate Foundation, Inc.**

750 East Adams Street | Syracuse, NY 13210 | Ph: 315.464.4416 | Fax: 315.464.4819 | [www.UpstateFoundation.org](http://www.UpstateFoundation.org)