

**Total Pledge/Gift Amount \$** \_\_\_\_\_

I/we would like to support:

Upstate Golisano Children's Hospital

Upstate Cancer Center

Other \_\_\_\_\_

**CONTACT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Development Officer (if applicable) \_\_\_\_\_

**This gift/pledge is**  In Memory of  In Honor of

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAYMENT OPTIONS**

Pledge Payments:  Annually  Quarterly  Monthly

Over a period of \_\_\_\_\_ years (up to three), beginning \_\_\_\_\_ (month/year)

Check enclosed made payable to The Upstate Foundation, Inc.

Please charge:  Visa  MasterCard  Discover  Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

Gifts to Upstate 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.

Contributions are tax-deductible to the extent provided by law.

*Thank you!*