

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!