

Total Pledge/Gift Amount \$ _____

- I/we would like to support:
- Upstate Golisano Children's Hospital
 - Upstate Cancer Center
 - Other _____

I/we prefer my/our gift to be used to name the following: _____

We understand that if construction is involved and has not been completed, plans can change, and the Foundation will make every effort to match our naming preferences, but this naming area cannot be guaranteed until completion.

CONTACT

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Development Officer (if applicable) _____

This gift/pledge is In Honor of

Name _____

Address _____

City _____ State _____ Zip _____

PAYMENT OPTIONS

- Pledge Payments: Annually Quarterly Monthly
Over a period of _____ years (up to two), 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.

This pledge commitment and terms are not valid until signed by both parties.

Donor

AVP/VP for Development

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

Thank you!