

Donation Information

Please accept my tax-deductible donation of:

- \$5,000 \$2,500 \$1,000 \$500
 \$250 \$100 \$50 \$ _____

Contact Information

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Recognition

NAME AS YOU WISH IT TO APPEAR IN PRINTED MATERIALS _____ ANONYMOUS

Tribute Information

My gift is in honor/memory (circle one) of:

Please notify the following person on my behalf:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Payment Information

Please consider writing a check so that more of your gift goes to NYSCF programs and not to credit card processing fees.

- Check enclosed (Payable to The New York Stem Cell Foundation)
 Please charge my credit card:
 AmEx Discover MasterCard Visa

CARD NUMBER _____

EXP. DATE _____ SIGNATURE _____

- Make this a monthly gift (Charged automatically each month)
 My company will match my gift

Planned Gift

- I have already included NYSCF in my estate plans
 I would like more information

Designation

If you would like to help advance our work in one of the following areas, please indicate:

- | | |
|--|--|
| <input type="checkbox"/> ALS | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Macular degeneration |
| <input type="checkbox"/> Bone regeneration | <input type="checkbox"/> Mental health disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parkinson's disease |

For more information:

Contact **Sonya Ziolkowski** at 212.365.7433 or visit www.nyscf.org

THANK YOU FOR YOUR DONATION!

The mission of The New York Stem Cell Foundation (NYSCF) Research Institute is to accelerate cures for the major diseases of our time through stem cell research. NYSCF is a 501 (c)(3) organization. Your contribution is tax deductible to the full extent provided by the law.