

## 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 the Development office at 212.365.7434 or visit [www.nyscf.org](http://www.nyscf.org)

**THANK YOU FOR YOUR DONATION!**