

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 212.365.7447 or visit www.nyscf.org

THANK YOU FOR YOUR DONATION!