

## Yes! I would like to help

212.365.7431 or development@nyscf.org

res! I would like to neip	Please notify the following person on my behalf:		
NYSCF accelerate cures			
Please accept my tax-deductible donation of	NAME		
\$	ADDRESS		
	CITY	STATE	ZIP
<b>Designation</b> (if applicable)	EMAIL		
If you would like your gift to advance our work in any particular area, please indicate:	Donor Info	ormation	
Aging	NAME		
Alzheimer's disease	COMPANY		
☐ Cancer	ADDRESS		
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Diversity biobank	PHONE	EMAIL	
Education & Outreach			
☐ Macular degeneration	PREFERRED METI	HOD OF CONTACT	
■ Multiple sclerosis	Dogganiti	•	
Parkinson's disease	Recognition	OH	
Other	NAME AS YOU WI	ISH IT TO APPEAR IN PR	INTED MATERIALS
			ANONYMOUS
<ul> <li>Please send me information about the NYSCF Legacy of Cures Society</li> </ul>	Payment Information		
	Return this form by mail with a check payable to:		
For more information about our work and ways to support NYSCF, please contact us at	The New York Stem Cell Foundation 619 West 54th St		

**Tribute Information** (if applicable)

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

## Thank you for making our work possible!

New York, NY 10019

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. Visit: www.nyscf.org