

Thank you for supporting the preservation
and development of specialty services at
Upstate University Hospital!



**I am donating the following amount to the
Friend in Deed Annual Fund for Upstate University Hospital:**

\$25 \$50 \$100 Other: _____

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____

Email Address _____

Full payment enclosed *Checks may be made payable to Friend in Deed*

Bill my credit card: circle type    for this gift.

Exp. Date _____

Card Number _____

Signature _____

This gift is:

in honor of: _____

in memory of: _____

**The value of your gift may be doubled or tripled if you and/or your
spouse are employed by a matching gift company.**

My employer: _____

My spouse's employer: _____

Please enclose or send by mail a matching gift from your Human Resources Office

Your contribution is 100% tax deductible!

For more information, call 315-464-4416

Mail form to: Foundation for Upstate Medical University, 750 East Adams Street - CAB 326, Syracuse, NY 13210

Thank you for your support!