Alumni Giving Reply Form

From:

Name: ___________________________________________ Class Year: ________

Address: ________________________________________________

 Home  Business

City: ______________________ State: ___________ Zip: _______________

Phone: ___________________________ Email: _______________________________________

 Home  Business  Cell  Home  Business

☐ I would like to support Weill Cornell Medical College by making a tax-deductible gift in the following amount: ___$50     ___$100     ___$250     ___$500     ___$1,000     Other: $__________

Please dedicate my gift to:

☐ My Class Scholarship or Loan Fund
☐ Student Enrichment Programs
☐ Faculty Recruitment
☐ Class of 1981: Clinical Skills Center Challenge
☐ Samuel J. Wood Library & C.V. Starr Biomedical Information Center

☐ I would like information on joining the Dean’s Circle. Please contact me at the following phone number: _________________________________.

☐ Enclosed please find a check made payable to: Weill Cornell Medical College.
(Cornell University’s tax identification number is: 15-0532082.)

☐ Please charge my credit card: ___MasterCard     ___Visa     ___American Express

_____________________________________________________________________________________
Card Number                    Expiration Date
_____________________________________________________________________________________
Name of Cardholder

_____________________________________________________________________________________
Cardholder Signature

☐ I would like information about transferring securities.

☐ I would like information about making a life income gift or a gift through my will or trust to Weill Cornell.

Please mail or fax this form to the Office of External Affairs:

Weill Cornell Medical College
Office of External Affairs | Alumni Relations
1300 York Avenue, Box 61
New York, NY 10065
Fax: (212) 832-0205

If you have any questions about making a gift, please contact Alumni Relations at (646) 317-7419 or alumni@med.cornell.edu.