



Weill Cornell Medicine

Gift Commitment Form

Yes! I would like to support the Children's Health Council.

Name _____ Email _____
(Please Print)

Preferred address: _____

City _____ State _____ Zip _____ Phone () _____

Option 1: Enclosed is my outright gift (cash, check, or money order) of \$_____.
Please make check payable to Weill Cornell Medical College.

Option 2: Please charge a gift of \$_____ to AMEX VISA MC
Cardholder's name: _____
Card #: _____ Expiration: _____
Signature: _____

Option 3: I would like to make a pledge of \$_____ over _____ years, starting in 20___. My
first payment in the amount of \$_____ is enclosed.

Option 4: I would like to explore the tax benefits of a planned gift. Please have a gift officer
contact me.

*[If you would like to make a gift of securities, please contact the Director of Operations at 646.962.9506
to obtain transfer instructions]*

Please allocate my gift to this purpose: Children's Health Investigators Fund

Members of the Children's Health Council support Children's Health Research at Weill Cornell with a
gift of \$10,000 or more, payable over three years.

For any questions, please contact childrenshealthcouncil@med.cornell.edu or 646.962.9566

Thank you for your support!

Please return your completed form to:
Director of Operations, Office of External Affairs, 1300 York Avenue, Box 314, NY, NY 10065
FAX: 212-832-0150 / Email: development@med.cornell.edu / Online: <http://give.weill.cornell.edu>