



# Weill Cornell Medicine

1300 York Avenue, Box 314, New York, NY 10065

## DONOR INFORMATION FORM

**YES! I WOULD LIKE TO MAKE A GIFT TO SUPPORT WEILL CORNELL MEDICINE**

**PERSONAL INFORMATION**

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**PAYMENT INFORMATION**

ENCLOSED is my check in the amount of \$ \_\_\_\_\_ made payable to WCMC

CREDIT CARD TYPE:       Mastercard       American Express       Visa

NAME ON CREDIT CARD (PLEASE PRINT CLEARLY)  
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AMOUNT \$ \_\_\_\_\_ Your gift of \$1,000 or more will qualify you for membership in *Partners in Medicine*, our recognition society for special friends of Weill Cornell Medicine.

IN HONOR OF  
(NAME AND ADDRESS) \_\_\_\_\_

SPECIFIC DESIGNATION? \_\_\_\_\_

**Thank You for Your Support!**

Please make checks payable to "WCMC" and send completed form to Lorelei Schroeter via mail (WCMC, 1300 York Avenue, Box 314, New York, NY 10065)

*Web Form*