

Albert Einstein College of Medicine Donation Form

Thank you for your generous support of Albert Einstein College of Medicine. Your 100 percent tax-deductible contribution will make a longstanding impact on Einstein's programming and our ability to deliver on our common mission.

■ Donor Information

Donor name:

Address:

City: State: Zip:

Phone: Email:

■ Donation Designation

- Unrestricted to Albert Einstein College of Medicine
- Restricted to the following:
- An endowment for:

■ Estate Planning

- I have included Einstein in my estate plans.
- I am interested in including Einstein in my estate plans
- My company will match this gift.

■ Payment Information

I / we will make a donation of: \$

Please charge to my credit card: Visa MasterCard American Express Discover

Account #: Exp. date: Signature:

Enclosed is my check (*payable to Albert Einstein College of Medicine*). CVV #:

■ Honorary and Memorial Gifts:

I would like to make this gift in... honor of **or** memory of:

Please notify the following person regarding this honorary / memorial gift:

Name:

Address:

City: State: Zip:

Email:

Thank you for your generosity!

Please return this donation form to: