



Giving to Memorial Sloan-Kettering

Please print clearly.

*Indicates required information.

To make your gift to the Thomas Blake Sr. Memorial Research Fund, please complete and submit this form with your check or money order. You will receive an acknowledgment of your contribution by mail.

About You

Title	*First Name	Middle Initial	*Last Name	Suffix
Company/Organization Name (if gift is from a business or institution)				
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Gift Information

This gift is: in honor of in memory of Occasion: _____

*Name of Honoree: _____

Notified Party Name: _____

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City _____ State _____ Zip _____ Country _____

*Gift Amount: \$ _____ (in U.S. currency)

This gift is in support of the **Thomas Blake Sr. Memorial Research Fund**

Payment Information

If payment by credit card:

Full name as it appears on credit card: _____

Credit Card Type	Credit Card Number	Expiration Date (MM/YY)
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Cardholder signature: _____

Please make check or money order payable to: **Memorial Sloan-Kettering Cancer Center**

Matching Gifts

Does your employer have a matching gift program? If so, you can potentially multiply the size of your gift to MSKCC. Simply contact your Human Resources office for the appropriate form and mail it with your payment.

Please mail this completed form with payment to:

Memorial Sloan-Kettering
Cancer Center
P.O. Box 27106
New York, NY
10087-7106

Questions about your gift?
866-815-9501 (toll free)
646-227-3546
development@mskcc.org

Become a monthly donor.
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