



# Giving to Memorial Sloan-Kettering

To make a general gift to Memorial Sloan-Kettering Cancer Center, please complete and submit this form with your check or money order. You will receive an acknowledgment of your contribution by mail.

Please print clearly.

\*Indicates required information.

## About You

Title	*First Name	Middle Initial	*Last Name	Suffix
Company/Organization Name (if gift is from a business or institution)				
*Address				
*City	*State	*Zip	*Country	
E-mail Address				

## Gift Information

This gift is:  in honor of  in memory of Occasion: \_\_\_\_\_

\*Name of Honoree: \_\_\_\_\_

Notified Party Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

## 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) \_\_\_\_\_

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.  
866-815-9501 (toll free)  
development@mskcc.org