



	Sloan Kettering Cancer Center.			
Please mail this completed form with payment to:	GIFT INFORMATION Name of the participant or team you are supporting:			
Fred's Team				
Memorial Sloan Kettering	Event:			
Cancer Center P.O. Box 27432 New York, NY 10087-7432	Gift Amount (in US currency)			
	\$5,000	\$250	This gift is from:	
	\$1,000	\$100	an individual	
Matching Gifts	\$500	\$60	a business/ins	stitution
Memorial Sloan Kettering Cancer Center	Other			
1275 York Avenue New York, NY 10065 800.585.4118 matchinggift@mskcc.org	Please make your check or money order payable to Memorial Sloan Kettering and include the name of the participant or team you are supporting in the memo line.			
	YOUR INFORMATION		*Indicates required	*Indicates required information
Questions about	TITLE *FIRST NAME	MIDDLE INITIAL	*LAST NAME	SUFFIX
Fred's Team?	COMPANY/ORGANIZATION NAME (IF GIFT IS FROM A BUSINESS OR INSTITUTION)			
Contact us at FredsTeam@mskcc.org or 800.876.7522	*ADDRESS			
	*CITY	*STATE	*ZIP	*COUNTRY
	*EMAIL ADDRESS		*DAYTIME PHONE	
Hours Monday - Friday	MATCHING GIF	TS		
9:00AM - 5:00PM		1	0.10	11.

your payment, or go to: FredsTeam.org/donate

Thank you for your donation. Your gift funds critical cancer research at Memorial

Does your employer have a matching gift program? If so, you may be able to double or even triple the size of your gift to Memorial Sloan Kettering. Simply contact your Human Resources office for the appropriate form and mail it with

Code: FEFTV0117004