







Thank you for supporting Memorial Sloan Kettering Cancer Center. Your gift funds life-changing research and world-class care, creating more hope and possibility for every person with cancer.

Gift Informati	on			*INDICA	TES REQUIRED INFORMA
Name of the part	icipant or tean	n you are supportir	ng:		
Gift Amount (in U	J.S. currency)*				
\$5,000	\$250	Other		This gift is from:	
\$1,000	\$100			an individual	
\$500	\$60			a business/institutio	n
Please make che	ck or money or	der payable to Me r	norial Sloan Kette	ering Cancer Center.	
Your Informat	tion				
TITLE	*FIRST NAME		MIDDLE INITIAL	*LAST NAME	SUFFIX
COMPANY/ORGANIZA	ATION (IF GIFT IS FR	OM A BUSINESS OR INST	TITUTION)		
*ADDRESS					
*CITY			*STATE	*ZIP	*COUNTRY
*EMAIL ADDRESS				*DAYTIME PHONE	
		_	_		
Matching Gift	S				
	plete a matchi	ng gifts form from		even triple—the size of yources office. Questions abou	-
Please mail this o	completed for	m with payment to	o the apporpriate a	address below.	
USPS			FedE	x or UPS	
Fred's Team	lattarina Cara	or Contor		organ Chase Lockbox Proces CC #27432	ssing
Memorial Sloan K P.O. Box 27432	terreing Cance	a Center		ase Metrotech Center, 7th F	loor

Brooklyn, NY 11245

Questions about Fred's Team? Contact us at 800-876-7522 or fredsteam@mskcc.org.

New York, NY 10087-7432