



Weill Cornell Medicine Brain & Spine Center

Gift Form

Please accept my check in the following amount: \$ _____

Make your check out to

Weill Cornell Medical College

NAME ADDRESS CITY, STATE, ZIP	DATE	0123 01 23456789
PAY TO THE ORDER OF	Weill Cornell Medical College	\$
BANK NAME ADDRESS CITY, STATE, ZIP	FOR	Mission in Tanzania
⑆012345678⑆ 01234567890123⑆ 0123		

NAME ADDRESS CITY, STATE, ZIP	DATE	0123 01 23456789
PAY TO THE ORDER OF	Weill Cornell Medical College	\$
BANK NAME ADDRESS CITY, STATE, ZIP	FOR	Elizabeth's Hope
⑆012345678⑆ 01234567890123⑆ 0123		

Use the memo area of your check to indicate where you would like your gift used — examples are shown above.

Please mail checks to:

Weill Cornell Brain and Spine Center
Attn: Roseann Henry
525 East 68th Street,
Box 99
New York, NY 10065

About Me

Title (please circle one): Dr. Mr. Mrs. Ms. Miss None Other: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____