

Your Columbia DONATION FORM

Mail this form with your donation to:

	Your Columbia	
	CUIMC Office of Development	Name of Participant you are sponsoring
	Att: Lindsay Wilson	
	516 West 168th Street, 5th Floor	
INSTRUCTIONS	New York, NY 10032	
Please fill this form out	Send only one check per donation form.	
completely and legibly to avoid processing delays. A		
donation form must		
accompany each donation	Print your information clearly (If a tribute gift, please provide the name and address for acknowlegement below)	
check. All donations are non-refundable and non-		
transferable. All donations		
are tax deductable to the extent allowed by law.		
	FIRST NAME LA	ST NAME
	COMPANY NAME (for business donations only) PHONE NUMBER	
	MAILING ADDRESS	SUITE/APT. #
	CITY	STATE ZIP CODE
	2 <u>\$ </u>	ail Address*
	PERSONAL CHECK Please make your check payable to the	Trustees of Columbia University
	Please include Your Columbia and participant name We cannot accept foreign checks or foreign credit o transferable.	
	CREDIT CARD VISA MASTERC (circle one)	ARD DISCOVER AMEX
	ACCOUNT NUMBER	EXP. DATE CVV Code
	SIGNATURE	DATE
	Is this gift in honor or memory? YES NO	

Mailing address for in honor or memory of acknowledgement

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YOUR COLUMBIA