

NYU DIVISION OF VASCULAR SURGERY RESEARCH FUND

I AM PLEASED TO SUPPORT THE VASCULAR SURGERY RESEARCH FUND

Amount of Gift: _____

RECOGNITION OPPORTUNITIES:

Plaque on Vascular Surgery Research Fund Wall:

| | |
|----------|--------------------------------|
| \$1000 | Small Plaque (2" x 7") |
| \$5,000 | Medium Plaque (3" x 8.5") |
| \$10,000 | Large Plaque (5" x 9") |
| \$25,000 | Benefactor Plaque (6.5" x 11") |

For gifts above \$25,000 various naming possibilities are available and will be tailored to suit each donor. Please call us to discuss this opportunity.

To honor you or a loved one please indicate your display preference:

(Example: Mr. and Mrs. John E. Smith, The Smith Family, John Smith)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (____) _____

E-mail Address: _____

I am sending a personal check

Please make check payable to **Vascular Surgery Research Fund** and mail to:

New York University Medical Center
Division of Vascular Surgery
530 First Avenue, Suite 6F
New York, NY 10016

I am using my credit card to make this gift.

Account Number: _____

Master Card Visa American Express

Expiration Date: ____/____/____

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Please send your company's Matching Gift Form, if appropriate.

Give as generously as you possibly can.