



#### MEMORIAL SLOAN KETTERING | EQUINOX

Please Mail This Completed Form With Payment:

Cycle for Survival Memorial Sloan Kettering P.O. Box 27432 New York, NY 10087-7432

## **Matching Gifts:**

Memorial Sloan Kettering Attn: Matching Gifts, Office of Development P.O. Box 27106 New York, NY 10087-7106 (800) 585-4118 matchinggift@mskcc.org

# Questions About Cycle for Survival?

Contact us at cycleforsurvival@mskcc.org or 888-72-CYCLE

### Hours:

Monday – Friday 9:00 AM – 5:00 PM Thank you for supporting Cycle for Survival. Your gift provides support for lifesaving rare cancer research led by Memorial Sloan Kettering Cancer Center.

## **GIFT INFORMATION**

Name of the partic Gift Amount (in U.S	•	ou are supporting:		
\$10,000	\$250	This gift is from:		
\$5,000	\$100	an individual		
\$1,000	\$60	a business/ins	stitution	
\$500	Other			
and include the name of the team or participation.  YOUR INFORMATION			cant you are supporting in the memo line.  *Indicates required information	
TITLE *FIRST NAME	MIDDLE IN	NITIAL *LAST NAME	SUFFIX	
COMPANY/ORGANIZATION NAME (IF GIFT IS FROM A BUSINESS OR INSTITUTION)				
*ADDRESS				
*CITY	*STATE	*ZIP	*COUNTRY	
*FMAII ADDRESS		*DAVTIME DHONE		

### **MATCHING GIFTS**

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 Department for the appropriate form and mail it with your gift, or go to: **CYCLEFORSURVIVAL.ORG/MATCHING-GIFTS** 

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