

MAKE A
GIFT TO



Cold Spring Harbor Laboratory

PLEASE PRINT THIS FORM AND MAIL IT TO:

Cold Spring Harbor Laboratory
Development Office - Nichols Building
1 Bungtown Road
Cold Spring Harbor, NY 11724

Gift amount: \$25,000 \$10,000 \$5,000 \$1000 \$500 \$100
 Other: \$

- My employer will match my gift.
- I plan to make a gift of securities and will notify the Development Office.
- I am interested in receiving information on how to include Cold Spring Harbor Laboratory in my estate planning.
- Please send information on giving an Association membership as a gift.

CONTACT INFORMATION

First name: M.I: Last name:
Address 1:
Address 2:
City: State: Zip code:
E-mail: Phone:

CREDIT CARD INFORMATION

Type of card (*check one*): American Express Discover MasterCard Visa
Name (*exactly as it appears on card*):
C.C.#: Exp: Sec. code:

ADDITIONAL INFORMATION (*optional*)

My gift is: In Honor of In Memory of:
Additional comments:

FOR GIFTS IN HONOR OF/MEMORY OF, PLEASE NOTIFY

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ALL CHECKS SHOULD BE MADE OUT TO *Cold Spring Harbor Laboratory*