



SUNY  
DOWNSTATE  
Medical Center



# THE BROOKLYN CHILDREN'S SOCIETY OF SUNY DOWNSTATE

Name (S) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

**If Alumnus:**

Medical School/Year \_\_\_\_\_

Resident/Fellow /Year/Specialty \_\_\_\_\_

**Downstate Faculty/Specialty:** \_\_\_\_\_

**Other:** \_\_\_\_\_

## MAILING ADDRESS

**The Brooklyn Children's Society of SUNY Downstate**  
Office of Philanthropy  
SUNY Downstate Medical Center  
450 Clarkson Avenue, Box 93  
Brooklyn, NY 11203  
718.270.6375

**Attention:** Ingrid Dildy  
Deputy Director, Philanthropy



## The Brooklyn Children's Society of SUNY Downstate

Enriching the lives of Children through support of  
Projects and Programs at SUNY Downstate whose  
goals are to prevent and treat morbidity and disorders  
among Children of the Brooklyn Community.

**President's Circle**

Contribution of **\$50,000**

- ★ President's Award at The Recognition and Tribute Dinner
- ★ Your Name on Donor Wall and Distinguished Recognition on the Society's Web Page

**Miracle Maker Circle**

Contribution of **\$25,000 over three years**

- ★ Guests at President's Luncheon
- ★ Your Name on Donor Wall and on The Society's Web Page

**2012 Founders Circle**

Contribution of **\$5,000 over three years**

- ★ Executive Committee Membership for 3 year cycle including Voting Rights for Grant Applications
- ★ Your Name on Donor Wall and on The Society's Web Page
- ★ Two Tickets to Recognition & Tribute Dinner

**Distinguished Circle**

Contribution of **\$2,500 of two years**

- ★ Your Name on Donor Wall and on The Society's Web Page
- ★ Two Tickets to Recognition & Tribute Dinner

**Guardian Circle**

Contribution of **\$1,000 over one year**

- ★ Your Name on Donor Wall and on The Society's Web Page
- ★ Society's Signature Canvas Bag

**Rainbow Circle**

Contribution of **Any Amount**

- ★ Your Name on Donor Wall and on The Society's Web Page
- ★ Society's Magnet and Car Sticker

### PAYMENT METHOD

**Check:** Payable to **HSCB Foundation Account #3204**

**Credit Card:**  VISA  MasterCard  AMEX

Credit Card Number \_\_\_\_\_

CVV Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

For Credit Card, you may specify the amount and  
frequency of charges to card.

*Gifts to The Brooklyn Children's Society of SUNY Downstate are tax deductible.*