

SUNY Downstate Medical Center
Residents and Fellows Alumni Society

Residents & Fellows Fund
Your Name on the Donor Wall

We are pleased to offer the following:

_____ **Distinguished Circle**
Contribution at \$2,500

- ❖ Your [Photo and Name](#) listed on the Residents & Fellows Alumni Society website --- with your permission
- ❖ Supports two Graduates of your specialty as Dinner guests for the upcoming Graduates Event and your name listed as a supporter in the Graduates YEARBOOK
- ❖ Your name listed on the New Residents & Fellows Alumni Society Donor Plaque
- ❖ Purchases current [GRADUATES YEARBOOK - Full Gold Page Ad](#)

_____ **The Brooklyn Bridge Group**
Contribution at \$1,500

- ❖ Supports One Graduate of your specialty as Dinner guest for the upcoming Graduates Event and your name listed as a supporter in the Graduates YEARBOOK
- ❖ Your name listed on the New Residents & Fellows Alumni Society Donor Plaque
- ❖ Purchases current [GRADUATES YEARBOOK - Full Silver Page Ad](#)

_____ **Downstate Heros**
Contribution at \$500

- ❖ Your name listed on the New Residents & Fellows Alumni Society Donor Plaque
- ❖ Your name listed as a supporter in the Graduates YEARBOOK

_____ **Clarkson Avenue Scholars**
Contribution at \$300

- ❖ Your name listed on the New Residents & Fellows Alumni Society Donor Plaque

All Gifts are valued and appreciated.

I wish to make a gift of \$ _____ to support the upcoming Graduates Event

I am: a Residency/Fellowship Alumnus [] or Faculty Honoree [] and wish to purchase a ticket to the upcoming Graduates Event for \$ 200.00

Please Fill-Out the Back of this Form

Thank You

SUNY Downstate Medical Center
Residents and Fellows Alumni Society

Residents & Fellows Fund

Name _____

Address _____

City/State _____

Telephone _____ Beeper _____

Fax _____

E-Mail _____

Graduation Year _____ and/or Years on Faculty _____

Department _____

Please make check payable to
HSCB Foundation Account #3164

Mailing Address:
Residents & Fellows Fund
Institutional Advancement & Philanthropy
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 93
BSB 2-71D
Brooklyn, NY 11203
Attention: Ingrid Dildy

Or if you wish to make your donation by credit card:
___ VISA ___ MasterCard ___ American Express

Credit Card Number _____

Expiration Date _____

Cardholder Name _____

Signature _____

For further information, please call (718) 270 6375
or email: ingrid.dildy@downstate.edu