



Donation Form

I want to show my support for Empire State Medical Association with a tax-deductible gift. Enclosed is my contribution to Empire State Medical Association in the amount of:

\$2500 \$1500 \$1000 \$500 \$250 \$100 \$_____ Other Amount

Make checks payable to **Empire State Medical Association**.

Please charge my gift of \$25 or more to: American Express Discover MasterCard Visa

Card# _____ Expiration Date _____

Signature _____

I prefer to receive my mail at: my home address below my business address below:

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Empire State Medical Association is classified as a 501 (c) (3) non-profit organization under the Internal Revenue Service Code. All contributions and bequests to ESMA are fully tax deductible.

SUPPORTERS

ESMA wants to stay in touch with all our supporters. Please take a moment to update information about yourself.

Name _____

Tell us about your practice, affiliations, awards or publications: _____

My specialty is _____

ESMA has instituted a Mentoring Program, to serve as a resource for teaching, role modeling, research development and share information about medical careers, training opportunities, etc. Would you be interested in participating? Yes No

Send to:

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Office of Development

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