



Weill Cornell Medicine

Neurological Surgery

Gift Form

Please accept my check in the following amount: \$ _____

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PAY TO THE ORDER OF	Weill Cornell Medical College
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FOR	Mission in Tanzania
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Use the memo area of your check to indicate where you would like your gift used — examples are shown above.

Please send checks to:

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Weill Cornell Medicine
Office of External Affairs
P.O. Box 22497
New York, NY 10087-2497

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JPMorgan Chase - Lockbox Processing
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Office of External Affairs (22497)
4 Metrotech Center, 7th Floor East
Brooklyn, NY 11245

About Me

Title (please circle one): Dr. Mr. Mrs. Ms. Miss None Other: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

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