

## Columbia Student Medical Outreach (CoSMO) Donation Form

All donations are 100% tax deductible – you will receive a receipt for tax purposes two to three weeks after receipt of your donation.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

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I would like to make a donation by check to CoSMO in the amount of \$\_\_\_\_\_ *Please make checks payable to "Columbia University" with "CoSMO clinic" in the memo line.*

I would like to make a donation by credit card to CoSMO in the amount of \$\_\_\_\_\_

Type of Card (Visa, MC, American Express):

Card #:

Name as it appears on the card:

Expiration Date:

Signature of cardholder:

I would not like to make a donation at this time, but please keep me informed of future opportunities to give.

**Please include this form and your donation (if applicable) in an envelope addressed to:**

Rosemarie Scilipoti  
Director, P&S Club  
50 Haven Ave Suite #106  
New York, NY 10032

*Thank you for your generosity!*