

# TOGETHER WE CAN DO MORE.

*Yes, I want to help support superior medical care for the future through the Stormont-Vail Foundation.*

Please direct my gift of \$ \_\_\_\_\_ toward the following area:

- Please designate to the "where most needed" areas of Foundation medical programs
- Other program or service \_\_\_\_\_

## Form of payment:

Check (Please make check payable to Stormont-Vail Foundation)

Credit card

Mastercard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

## I would like to make this gift in memory or honor of someone.

This gift is made  in memory of

to honor (occasion, if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Please notify (Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

To make a contribution to the Stormont-Vail Foundation, please print this form, fill out and mail to:

**Stormont-Vail**  
*Foundation*

1500 S.W. 10th Avenue  
Topeka, KS 66604