

My
WISH
for Our Patients
this Holiday
Season

YES, I want to support the
**Stormont-Vail
Foundation**

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

Holiday Wishes:

- | | |
|--|---|
| <input type="checkbox"/> Bariatric Chairs for
Education Room - \$200 each | <input type="checkbox"/> Bariatric Scale - \$2,254 |
| <input type="checkbox"/> Educational Diabetes DVDs - \$100 each | <input type="checkbox"/> Outside Bench - \$800 |
| <input type="checkbox"/> Mobile Video Monitor with DVD Player - \$358 | <input type="checkbox"/> Treatment Recliner - \$941 |
| <input type="checkbox"/> TV/DVD Player and Children's DVDs - \$240 (TV/DVD player); \$30 each (DVDs) | <input type="checkbox"/> Ophthalmometer - \$355 |
| <input type="checkbox"/> Laptop and Ceiling Mounted Projector - \$6,675 | |

Other Foundation Needs You Can Support:

- | | |
|--|---|
| <input type="checkbox"/> Nursing Scholarships | <input type="checkbox"/> Unrestricted Endowment |
| <input type="checkbox"/> Designate to the "where most needed" area of Foundation medical programs. | |
| <input type="checkbox"/> Other program or service _____ | |

Form of Payment:

- Charge my credit card MasterCard VISA Discover
Account No.: _____ Exp. Date: _____
 Check • Please make payable to the Stormont-Vail Foundation.

Contact Information:

Name _____

Preferred Address _____

City/State/ZIP _____ Phone _____

Signature _____ Date _____

Send completed reply card and donation to:

Stormont-Vail Foundation

1500 S.W. 10th Ave. • Topeka, KS 66604

Fax: (785) 354-6926

Contact the Foundation at (785) 354-6851

Stormont-Vail
Foundation