



Contribution Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Amount: \$ _____

One-time donation

Pledge to be paid \$ _____ every (circle one) month quarter
semi-annually, totaling \$ _____

Method of Payment

Check enclosed (payable to Stormont Vail Foundation)

Please invoice me

Electronic Fund Transfer (please attach voided check)

Credit Card (circle one) VISA MasterCard American Express Discover

Name on Card: _____

Number: _____ Expiration date: _____

Other _____

Signature: _____ **Date:** _____

Designate: Tell us how you want your contribution to be used. If you want to split your gift among a number of funds, please indicate amounts on the lines.

Care Line (emergency assistance for patients) \$ _____

Children's Endowment \$ _____

Health Care Heroes Fund \$ _____

Nursing Scholarships \$ _____

Where Most Needed \$ _____

Other: _____ \$ _____

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

Honor

Memorial

Tributee Name/Occasion: _____

Please notify (name): _____

Address: _____

City: _____ State: _____ Zip: _____

Please return this form to the Stormont Vail Foundation, 1500 SW 10th Ave., Topeka, KS 66604 or make your gift online at www.stormontvail.org/foundation. Thank you for your gift!