

Saint Luke's Foundation Mail-in Donation Form

Yes! I/we want to help maintain quality medical care for our community.

- Please use my/our gift to support "where most needed" areas of Saint Luke's Hospital medical programs.
 OR, I/we prefer to designate this gift for _____ (facility, department and/or program).

Enclosed is a **CHECK** made payable to Saint Luke's Foundation in the amount of \$ _____

OR, Please **CHARGE** \$ _____ to my/our credit card.

Card type: VISA MasterCard American Express Discover

Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

Your Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Please send information about estate planning and tax savings.

I/we have included Saint Luke's Foundation in my/our will or other estate plans.

This gift is made in memory or honor of someone:

This gift is made in memory of to honor (occasion, if applicable) _____

Name _____

Person to notify _____

Address _____

City _____ State _____ Zip _____

(We will notify whomever you designate; no gift amount will be mentioned.)

Please send this form with your payment information to:



Saint Luke's Foundation
901 E 104th Street
Mail Stop 100 South
Kansas City, MO 64131
(816) 932-2252

Thank you!