



**TURNING POINT**  
The Center for Hope and Healing

A program of  
THE UNIVERSITY OF KANSAS HOSPITAL

**Yes! I would like to make a difference in the lives of those living with cancer and other serious or chronic illnesses.**

### Contribution Form

- Please accept my/our gift of \$\_\_\_\_\_, payable as follows:
  - ( ) immediately (check enclosed or payment by credit card - see below).
  - ( ) as an annual pledge, at the rate of \$\_\_\_\_\_ per year for the next \_\_\_\_\_ years beginning on \_\_\_\_\_ and thereafter until my pledge is complete. (Turning Point will send reminders for recurring annual pledges)
  - ( ) with a personal gift matched through a Corporate Matching Gift Program.

\_\_\_\_\_ (Name of matching gift company)

- My/our gift is:
  - ( ) undesignated (may be used where the need is greatest)
  - ( ) designated for a specific purpose: \_\_\_\_\_
  - ( ) to remain anonymous
  - ( ) in honor of \_\_\_\_\_
  - ( ) in memory of \_\_\_\_\_

Please send acknowledgement of "honor/memory" gift to:

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Please list my/our Name/Names as **(please print)**: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

- ( ) My check is enclosed (payable to Turning Point)
- ( ) I authorize Turning Point to charge my gifts(s) to my credit card (check one):
  - ( ) MasterCard ( ) Visa ( ) American Express ( ) Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ 3-4 digit Security code \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

- ( ) I would like more information about planned giving and other ways to give
- ( ) I would like information about volunteering at Turning Point
- ( ) I would like a speaker to talk with my organization

**Please print out and complete this form and mail it to:**

Julie Mulhern, Development Director  
Turning Point  
8900 State Line Road, Suite 240  
Leawood, KS 66206