

# Yes...

I want to help the Cancer Center at Capital Region Medical Center improve the health, and administer to the health care needs, of the people and communities in mid-Missouri!



*Gift:* I am enclosing my check in the amount of (please check one):

\$50    \$100    \$250    \$500    Other \_\_\_\_\_

Please make check payable to Capital Region Medical Foundation. Enclose your check with this form and return to the Foundation.\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

*Pledge:* I pledge \_\_\_\_\_ to Capital Region Medical Foundation using the following pledge schedule:

Payment amount: \$ \_\_\_\_\_

Payments per year \_\_\_\_\_ Number of years \_\_\_\_\_

Please send reminders for the month(s) of  
(please circle all that apply):

Jan. Feb. Mar. April May June July Aug. Sept. Oct. Nov. Dec.

For Capital Region Medical Center employees, payroll deduction is available. I would like the following payroll deduction schedule:

Payment amount: \$ \_\_\_\_\_ Number of years \_\_\_\_\_

Amount to be deducted per pay period: \_\_\_\_\_

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

\*For recognition purposes, please list my gift as follows:

\*Name: \_\_\_\_\_

Please send information on planned gift opportunities through Capital Region Medical Foundation.

#### Capital Region Medical Foundation Gift Clubs:

Sponsors	\$500	-	\$2,499
Patrons	\$2,500	-	\$4,999
Advocates	\$5,000	-	\$9,999
Founders	\$10,000	-	\$24,999
Benefactors	\$25,000	-	\$49,999
Honorary Trustees	\$50,000	and up	

*On-line Giving:* You can make a donation to Capital Region Medical Foundation on our website. Go to [www.crmc.org](http://www.crmc.org).