

Yes!

*I want to keep
our Healthplex
first-class!*




**CAPITAL REGION
MEDICAL FOUNDATION**
University of Missouri Health Care

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.