



TRUMAN MEDICAL CENTER
Charitable Foundation

2310 Holmes, Suite 735 • Kansas City, MO 64108 • (816) 404-3430

Better. For Everyone.

Name _____

Address _____

Phone _____

E-Mail _____

- Yes, I want to help! My gift is enclosed and is designated for:
 - Essential services/direct patient care
 - Community health and wellness
 - Oncology center relocation and expansion
 - TMC Lakewood
 - Where Needed Most

\$ _____
(Please make checks payable to TMC Charitable Foundation)

Please charge my VISA Mastercard

Account # _____

Exp. Date _____ 3 digit security code _____

Signature _____

FOR MORE INFORMATION, CALL US AT (816) 404-3430

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