



TURNING POINT
The Center for Hope and Healing

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 ©

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____

Signature: _____ Date: _____

- () 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, Director of Development
Turning Point
8900 State Line Road, Suite 240
Shawnee Mission, KS 66208