Community Fundraising Donation Form

Benefiting The University of Kansas Health System

Event Name:		
Event Contact Name:		
Date:		
Email:	Phone Number:	
Total Amount Enclosed:	Area to Support:	
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Donor Name	Address, City, State and ZIP Code	Email and Phone Number	Donation Amount	Check #

Send this form and donations to: The University of Kansas Health System, attn: Fund Development 2300 Shawnee Mission Parkway, Suite 305, Mailstop 5004, Westwood, KS 66205 funddevelopment@kumc.edu or 913-588-2800