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:		
	Address City State and 710		Donation	

Donor Name	Address, City, State and ZIP Code	Email and Phone Number	Donation Amount	Check #
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Send this form and donations to: The University of Kansas Health System, attn: Fund Development 11300 Corporate Ave, MS 9241, Lenexa, KS 66219 funddevelopment@kumc.edu or 913-588-2800