



# MAKE A DONATION

## YOUR IMPACT

Every dollar you give helps hospitals and long-term care providers, clinicians, patients and families decide what to do when it's hard to agree about the "right" thing to do.

## DONOR INFORMATION

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ I (We) wish to remain anonymous.

### I WANT TO MAKE A SINGLE GIFT OF:

\_\_\_\_\_ \$15    \_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ \$250    \_\_\_\_\_ Other

### I WANT TO JOIN THE PRACTICAL BIOETHICS SUSTAINERS COUNCIL WITH A MONTHLY GIFT OF:

\_\_\_\_\_ \$5    \_\_\_\_\_ \$10    \_\_\_\_\_ \$20    \_\_\_\_\_ \$35    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ Other

## PAYMENT

\_\_\_\_\_ I am enclosing a check (payable to Center for Practical Bioethics).

\_\_\_\_\_ I want to charge my credit card:

\_\_\_\_\_ AMEX    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_ CVV Number \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

## MAIL TO:

Center for Practical Bioethics  
1111 Main Street, #500  
Kansas City, MO 64105-2116

If you would like to make your gift in honor, celebration or memory of an individual or designate your gift for a particular purpose, please call (816) 221-1100.

The Center for Practical Bioethics is a tax-exempt 501c3 nonprofit organization. Your contribution is tax-deductible to the fullest extent of the law.

***Thank you very much for your tax-deductible contribution!***