



**Ellis Fischel
Cancer Center**

University of Missouri Health System

I would like to support Ellis Fischel with a gift:

\$500 \$250 \$100 Other \$ _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone number _____ E-mail address _____

Alumna/alumnus Yes No If yes, graduation year _____

I would like my gift to benefit:

- | | |
|---|--|
| <input type="checkbox"/> Ellis Fischel Naming Opportunities (H2990) | <input type="checkbox"/> Mammogram Van (H2819) |
| <input type="checkbox"/> Healing Garden (H2990, allocation 218512) | <input type="checkbox"/> Wyatt Guest House (H2824) |
| <input type="checkbox"/> Wig Program (H2839) | <input type="checkbox"/> Patient Assistance Fund (H2815) |
| <input type="checkbox"/> Mammogram Fund (H2838) | <input type="checkbox"/> Cancer Research (H2816) |
| <input type="checkbox"/> Office of Clinical Trails (CX462) | |

I am making this gift in memory of (optional): _____

I am making this gift in honor of (optional): _____

Giving options

- My check, payable to the Ellis Fischel Cancer Center, is enclosed.
- Please charge my credit card. Visa MasterCard Discover American Express

Card number _____ Expiration date _____ CVV2 _____

Signature _____

Print name _____

Please return this form to:

Ellis Fischel Cancer Center
 University of Missouri Health Care
 Office of Development
 One Hospital Drive, DC066.00
 Columbia, MO 65212

Thank you for your support.

For more information, contact:

Health Systems Development, One Hospital Drive, DC066.00 Columbia, MO 65212
 Phone: 573-882-0488 or Fax: 573-884-4246 E-mail: giving@missouri.edu