

All donations should be mailed to:

**Stillwater Medical Foundation
Karman Legacy Hospice Fund
PO Box 2408
Stillwater, OK 74076-2408**

Please print this page and include the information below with your check.

Your Name(s) _____

Address _____

City/State/Zip _____

Phone _____

In memory of **or** honor of (circle one)

Donation amount \$ _____

Checks payable to: Karman Legacy Hospice Fund

Credit Card # _____ Exp Date _____ Security Code _____

Signature (credit card gifts only) _____

If you would like an acknowledgment of your gift sent to the family or an individual, please include their name and address.

Name _____

Address Line 1 _____

City/State/Zip _____

Comments: