

Contribution Form

Supporting world-class basic scientific research at
The Stowers Institute for Medical Research

(Please print and return this form with your check)

Name:	Phone:	
Address:	Email:	
City:	State:	Zip Code:
Amount of contribution: \$	Do you wish to donate anonymously?	
Is this contribution related to the ACI Golf Tournament?		
I would like to make this contribution in memory of:		
I would like to make this contribution in honor of:		
Your name will appear alongside this person's name in the Stowers Institute publications. <i>Example: From John Doe in Memory/Honor of Jane Doe.</i>		
Please send an acknowledgement of this gift to the following person: <i>The amount will not be disclosed.</i>		
Name:		
Address:	Email:	
City:	State:	Zip Code:
Make checks payable to: Stowers Resource Management Attn: Donation Coordinator 1000 E. 50 th Street Kansas City, MO 64110		
<i>The Stowers Institute for Medical Research and Stowers Resource Management Inc. are 501(c)(3) nonprofit organizations and all contributions are 100% tax-deductible as allowed by law. You will receive a record of your gift by mail.</i>		