Since 1949, Coffeyville Regional Medical Center (CRMC) has been serving the health care needs of patients in southeast Kansas and northeast Oklahoma.

The Foundation operates as a separate 501©3 corporation and was established in 1984.

It is our mission to provide financial support and assistance to the hospital so that it may achieve and maintain excellence as a healthcare provider and leader for the community served. The Foundation receives and maintains funds from corporate and individual gifts, grants, bequests and special events that are then used to provide services focused on health promotion.

In doing so, the Foundation sponsors many events throughout the year to help raise funds for various projects and needed equipment for CRMC.

For more information on events and ways you can support the CRMC Foundation please contact the Foundation office.

Lisa Kuehn Director of Foundation & Guest Relations 620-252-1674 foundation@crmcinc.org







Wednesday, December 9th Near CRMC Radiation Oncology Entrance 5:00 - 6:00pm / Tree Lighting 5:30 During the holiday season, please consider honoring your loved ones with an angel on the **Tree of Hope** at Coffeyville Regional Medical Center. The Tree of Hope lights the lobby of the CRMC Jerry Marquette Radiation Oncology Center throughout the month of December.

For each \$5 donation in honor or memory of your special person, an angel inscribed with their name will be placed on the tree.

Contributions received will benefit the Tatman Cancer Center and Jerry Marquette Radiation Oncology Center.

Please complete the attached form and mail or leave at the CRMC Foundation Office. Your \$5 donation or more will represent life and hope on the beautiful Christmas tree. If you wish, a notification will be sent to the honoree or their family.

Questions? Please call 620-252-1674 or email foundation@crmcinc.org

Outdoor Tree Lighting Ceremony Wednesday, December 9th Near CRMC Radiation Oncology Entrance 5:00 - 6:00pm / Tree Lighting 5:30

Please complete and return to: CRMC Foundation 1400 W. 4th Coffeyville, KS 67337

Name:	
Address:	
Phone No:	
Enclosed is my gift of \$	
Payment Method: Check (made payable to CRMC Foundation) Charge to my Credit Card: Visa Discover American Express	
Credit Card Number CVV Code	
Cardholder Signature Exp. Date	
Cardholder Name (Please Print)	
Please check only one box In Memory of or In Honor of your loved one or friend:	
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Notification to:	
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