Fill a Tank



It costs \$100,000+ to operate Kate Marmion Rides to Radiation annually. Your gift will be used to cover fuel, maintenance, repairs, tires, and insurance for both vans; van drivers' salaries and benefits; fundraising and other administrative costs. Below are some of the ways your donation will help keep the vans on the road.

\$20 funds 1 round trip for a patient
\$50 funds 1 tank of gas and cost of operations of 1 van
\$100 funds 2 tanks of gas and cost of operations of 1 van
\$250 funds 5 tanks of gas and cost of operation of 1 van
\$500 funds 10 tanks of gas and cost of operation of 2 vans
\$1,000 funds the monthly fuel bill for both vans
\$2,500 funds 2 ½ months of fuel for both vans
\$5,000 funds 5 months of fuel for both vans
\$10,000 runs Kate Marmion Rides to Radiation for 1 month

Filling a Tank is Helping Here and Helping Now

Please make your check to Kate Marmion Rides to Radiation, or we can charge your credit card. Donation amount: \$								
□ Check	□ Cash	□ VISA	☐ MasterCard	\Box AMEX	☐ Discover			
Credit Card Number		Expiration Date		SEC Code				
Name as it a	ppears on the ca	urd						
☐ I will cov	ver the 3% trans	saction fee so 10	0% of my donation goe	es to the project.				
Please print	t your name(s)	exactly as you w	vish to be recognized.					
Name(s)								
Address								
City, State an	nd Zip Code							
Daytime Pho	one Number wit	h Area Code	Fr	Email Address				

To donate securely online visit www.umhtx.org/donate

For special arrangements or questions please contact Sheri Rutledge at 830.278.6251 ext. 1616

Please mail or fax your completed form to:
Kate Marmion Rides to Radiation
P.O. Box 900 Uvalde, Texas 78802
830-278-6251 Fax 830-278-3578 www.umhtx.org





DONATION FORM

Kate Marmion Rides to Radiation, a 501(c) 3, was created after the close of the "Saving Lives Close to Home" campaign which raised over \$5-million to build the Kate Marmion Regional Cancer Medical Center in Uvalde. Your donation will provide door-to-door transportation service to qualifying radiation therapy patients of Clear Springs Center for Cancer Care. Services will be available to qualifying patients from the surrounding counties of Dimmit, Edwards, Kinney, Maverick, Medina, Real, Uvalde, Val Verde, and Zavala.

Please accept my gift (100% tax deductible) for Kate Marmion Rides to Radiation to provide transportation to qualifying radiation therapy patients.

	your check to K nount: \$	ate Marmion Rid	es to Radiation, or we ca	an charge your cred	lit card.		
□ Check	□ Cash	□ VISA	☐ MasterCard	□ AMEX	☐ Discover		
Credit Card Number		Expiration Date		SEC Code			
Name as it a	ppears on the ca	rd					
☐ I will cov	ver the 3% trans	saction fee so 10	0% of my donation goe	s to the project.			
Please print	t your name(s)	exactly as you w	rish to be recognized.				
Name(s)							
Address							
City, State an	nd Zip Code						
Daytime Pho	Paytime Phone Number with Area Code Email Address						
This gift is	☐ in memory	of in hon	or of				
Name of Re	cognized Person	L					
Please notify otherwise rec		dividual that this	gift has been made (the	amount will not be	e disclosed unless		
Name(s)							
Address							
City, State an	nd Zip Code						

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