SALUTE TO CHAMPIONS UNDERWRITER REGISTRATION FORM



Salute to Champions™ benefiting	YES, I will be a contributor to <i>Salute to Champions</i> , benefiting Texas Children's Cancer and Hematology Centers, at the following level (please check one):				
Texas Children's Cancer					
and Hematology Centers	\$35,000 HOPE			\$10,000	COMMITMENT
Y	\$25,000 COURAGE				INVOLVEMENT
River Oaks Country Club Wednesday, December 2, 2020	\$15,000 COMPASSION		\$3,000	BELIEF	
	Donation Only. I	am unable to	attend but plea	ase accept	my donation. I do not wish
	to accept any of the benefits	offered at my	giving level.		
Name or company name as it should be printed		Contact name			
1 3					
Address	City, State ZIP				
Telephone F	ax	 Email			
Payment Options (please check one): Enclosed is my check made payable to Texas Children's Hospital		To be listed in the invitation, please return the completed reply form by Monday, August 3, 2020.			
		F -J			
Please charge my (circle o AMEX MasterCa		Register:			
Texas Children's Hospital will gladly accep	t event donations from a donor-	Online:	texaschild	rens.org/c	hampions
advised fund; however, per IRS requiremen		By fax:	832-825-1	131	
Name on card (Please print) Card number		By mail:	Salute to Champions Texas Children's Hospital		
			Suite 5214 PO Box 30 Houston, 7	00630	30-0630
Exp. date		Phone:	832-824-6	917	
Exp. date		Contact:	champions	a@texasch	nildrens.org
Signature		پ			
		Children's pital [*]			