



Texas Children's Hospital®

GIVING FORM

Please print and complete this form to make a gift to Texas Children's Hospital.

Donor/Company Name _____
Address _____
City _____ State _____ ZIP _____
Daytime Phone _____ Email _____
Name as you wish it to appear for recognition in printed material _____

I would like to support Texas Children's Hospital with a gift of:
_____ \$500 _____ \$100 _____ \$50 _____ \$25 \$_____ other

I would like my gift to support: *(please check one)*
____ Promise Campaign – The Woodlands Expansion
____ Promise Campaign – Texas Medical Center Expansion
____ Charity Care
____ Expanding Care for Children
____ Other Service or Department: _____

_____ Check enclosed _____ AMEX _____ Discover _____ MasterCard _____ Visa

Card number _____ Exp. ____/____

Signature _____
(required for all credit card charges)

**** If your employer will match your gift, please enclose completed form. ****

Optional - I would like my gift to be in honor or in memory of a special person:
My gift is _____ in honor _____ in memory of _____
(Please print name)

Please notify: Name _____
Address _____
City _____ State _____ ZIP _____

Thank you for your generous support of Texas Children's Hospital.

Has anyone in your family received care at Texas Children's Hospital?
____ Yes ____ No ____ Child ____ Grandchild ____ Other
____ I have included Texas Children's in my will or estate plan.
____ Please send me information about including Texas Children's in my will or estate plan.

Please mail your completed form along with your gift to:
Texas Children's Hospital • Office of Development, Ste. 5214 • PO Box 300630
Houston, TX 77230-0630

(For questions, call 832-824-6806.)