



Giving Form

Please complete and print this form to make a gift to the Jan and Dan Duncan Neurological Institute (NRI).

Donor/Company Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Email _____

I would like to support the NRI's research of Rett syndrome and related disorders with a gift of:

\$5 \$50 \$500 \$5,000 \$10,000 \$25,000 Other amount _____

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 _____

Has anyone in your family received care at Texas Children's Hospital?

Yes No Child Grandchild Other _____

Have you included Texas Children's Hospital in your will or estate plan?

Yes, 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 send your completed form along with your gift to:

Make check payable to
Texas Children's Hospital

MAIL:
Texas Children's Hospital
Office of Philanthropy, Ste. 5214
P.O. Box 300630
Houston, TX 77230-0630

FAX:
Secure fax for donations:
832-825-1131

Questions? Please call 832-824-6806 or email RevenueOperations@texaschildrens.org.

Detach and shred this portion immediately after payment is processed.

I would like to donate by:

Check enclosed AMEX Discover MasterCard Visa

Card number _____ Exp. ____ / ____

Signature (required for all credit card charges)

- Address on card is the same as address above.
- My company will match my gift, and I have enclosed my company's matching gift form.
- I wish to donate anonymously.