



**Texas Children's  
Hospital®**

# Giving Form

Please complete and print this form to make a gift to Texas Children's Hospital.  
**Thank you for your generous support!**

Donor/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**I would like to support Texas Children's Hospital with a gift of:**

\$500     \$100     \$50     \$25     Other amount \_\_\_\_\_

**I would like my gift to support:**

- Where Needed Most
- Cancer and Hematology Center
- Jan and Dan Duncan Neurological Research Institute
- Heart Center
- Other Service or Department \_\_\_\_\_

**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 \_\_\_\_\_
- 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 Philanthropy, Ste. 6226  
P.O. Box 300630  
Houston, TX 77230-0630**

**Questions? Please call 832-824-6806 or email [giving@texaschildrens.org](mailto:giving@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.