



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
- Jan and Dan Duncan Neurological Research Institute
- Charity Care
- 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 _____

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.