



Texas Children's Hospital

www.texaschildrenshospital.org

Giving Form

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

Your name as you wish it to appear in printed material

Company (if corporate gift) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

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

_____ \$25 _____ \$50 _____ \$100 _____ \$500 \$ _____

_____ Check enclosed _____ AMEX _____ Discover _____ MasterCard _____ Visa

Card number _____ Exp. ____/____ CVV code _____
(3-digit code)

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 _____

I would like my gift to support: *(please check one)*

- | | |
|--|---|
| <input type="checkbox"/> Katrina Patient Relief Fund | <input type="checkbox"/> Charity Care |
| <input type="checkbox"/> Children's Miracle Network | <input type="checkbox"/> Help the Kids Fund for greatest current need |

Patient Care Centers & Services:

- | | |
|--|--|
| <input type="checkbox"/> Allergy & Immunology | <input type="checkbox"/> Learning Support Center |
| <input type="checkbox"/> Bridges Program for Autistic Children | <input type="checkbox"/> Newborn Center |
| <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Pediatric General Surgery |
| <input type="checkbox"/> Emergency Center | <input type="checkbox"/> Pediatric Intensive Care Center |
| <input type="checkbox"/> Heart Center - Cardiology | <input type="checkbox"/> Pulmonary Medicine |
| <input type="checkbox"/> Heart Center - Cardiovascular Heart Surgery | <input type="checkbox"/> SuperKids Mobile Clinic |
| <input type="checkbox"/> Other Service or Department: _____ | |

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 this form along with your gift to:

Texas Children's Hospital • Office of Development •
P.O. Box 300630 • MC 4-4483 • Houston, TX 77230-0630
For questions, call 832-824-6806.