



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
1919 S. Braeswood Blvd., Suite 6226
Houston, TX 77030

Questions? Please call 832-824-6806 or email 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.