

**Thank you for making a gift to Memorial Hermann!  
Your support makes an important difference.**

**Donor Information**

Name/Organization \_\_\_\_\_  Male  Female

Organization Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:  Home  Work  Cell \_\_\_\_\_

Email \_\_\_\_\_

This is a  personal gift  corporate gift  estate gift

**I would like to make a gift at the following level:**

\$25  \$50  \$100  \$250  \$500  \$1,000  \$2,000  \$5,000  Other \$ \_\_\_\_\_

Enclosed is my cash/check donation of \$ \_\_\_\_\_. *Please make checks payable to Memorial Hermann Foundation.*

Please charge my credit card:  American Express  Discover  MasterCard  Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**I would like to support the following:**

<u>Program Area</u>	<u>Memorial Hermann Campus</u>
<input type="checkbox"/> Area of Greatest Need	<input type="checkbox"/> Children's Memorial Hermann
<input type="checkbox"/> Burn Center	<input type="checkbox"/> Cypress
<input type="checkbox"/> Cancer Services	<input type="checkbox"/> Greater Heights
<input type="checkbox"/> Children's Services	<input type="checkbox"/> Katy
<input type="checkbox"/> Digestive Diseases	<input type="checkbox"/> Memorial City
<input type="checkbox"/> Heart & Vascular	<input type="checkbox"/> Northeast
<input type="checkbox"/> Life Flight®	<input type="checkbox"/> Pearland
<input type="checkbox"/> Neuroscience	<input type="checkbox"/> PaRC
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Southeast
<input type="checkbox"/> Transplant	<input type="checkbox"/> Southwest
<input type="checkbox"/> Trauma	<input type="checkbox"/> Sugar Land
	<input type="checkbox"/> The Woodlands
	<input type="checkbox"/> TIRR Memorial Hermann
	<input type="checkbox"/> Texas Medical Center (TMC)

**This gift is:**  in honor of  in memory of

Name \_\_\_\_\_  Male  Female

**Please send notification to (will not include amount of gift):**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please send this form with your contribution to:**

Memorial Hermann Foundation  
929 Gessner, Suite 2650  
Houston, TX 77024  
Fax: 713.242.4404

**If you have any questions, please contact us at:**

Phone: 713.242.4400  
Email: [mh.foundation@memorialhermann.org](mailto:mh.foundation@memorialhermann.org)