



## Giving Form

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

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

Address \_\_\_\_\_

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

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

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

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ \$500    \$ \_\_\_\_\_

If you would like your gift to support a specific area/program, please indicate here:

\_\_\_\_\_

**Payment:**

\_\_\_\_\_ Check enclosed    \_\_\_\_\_ AMEX    \_\_\_\_\_ Discover    \_\_\_\_\_ M/C    \_\_\_\_\_ Visa

Card number \_\_\_\_\_

Expiration \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Signature \_\_\_\_\_

**My gift is in:**     **honor**     **memory of** \_\_\_\_\_  
(please print name)

Please notify: Name \_\_\_\_\_

Address \_\_\_\_\_

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

\*\*\*\*\*

Has anyone in your family received care at Driscoll Children's Hospital?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, Child \_\_\_\_\_ Grandchild \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ I have included Driscoll Children's Hospital in my will or estate plan.

\_\_\_\_\_ Please send me information about including Driscoll Children's Hospital in my will or estate plan.

Please mail your completed form along with your gift to:

Driscoll Children's Hospital Development Foundation  
3533 S. Alameda • Corpus Christi, TX 78411 • For questions call 361-694-6401

**Thank you for your generous support of Driscoll Children's Hospital.**