



Mail-In Donation

**Your gift to The Dell Children's Medical Center Foundation of Central Texas
will make a difference—both now and in the future.**

Please print this form, complete the following information and mail with your donation to the address below.

Donor: Mr. Ms. Mrs. Mr. & Mrs. Miss Dr.

Name _____

Address _____

City, State, Zip _____

Daytime Phone () _____ E-mail Address _____

Amount of Donation: _____

All gifts are appreciated, but our overhead costs are increasing. If you wish a mailed response, please make your gift a minimum of \$10 for each acknowledgment or notification name requested.

This gift is in memory of: _____ (Name of deceased)

Please notify: Name _____

Address _____

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Notified person's relationship to deceased (spouse, child, sister etc.) _____

OR

This gift is in honor of a special person:

Name of honoree _____

Address _____

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Children's Medical Center Foundation of Central Texas

4900 Mueller Blvd
Austin, Texas 78723
Phone: (512) 324-0170
Fax: (512) 324-0798

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