



**Texas Health**  
Harris Methodist Foundation<sup>SM</sup>

**GRATEFUL HEARTS** *Honor Your Caregiver*

I would like to take “thank you” one step farther by contributing to Texas Health Harris Methodist Foundation in appreciation of my caregiver(s):

Name of Caregiver \_\_\_\_\_

Texas Health Hospital/Dept. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

I prefer my gift to be anonymous

**Enclosed is my tax-deductible contribution of:**

\$1,000    \$500    \$250    \$100    \$50

Other gift \$ \_\_\_\_\_

Designate my gift to support vital programs, education, technology, and capital needs.

Designate my gift to (specify hospital): \_\_\_\_\_

**I would like to pay by:**

**Credit card**

Visa    MasterCard    American Express    Discover

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

*Expiration date* \_\_\_\_\_

*Name on card* \_\_\_\_\_

*Signature* \_\_\_\_\_

**Check enclosed**

*Payable to Texas Health Harris Methodist Foundation*

**I do not wish to receive future fundraising information.**

**SHARE YOUR STORY** about your experience on the reverse side, by attaching a note or online at **TexasHealth.org/Giving**.

