



# Yes!

I'd like to make a tax-deductible contribution in support of University Health System Foundation.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Please bill me \$ \_\_\_\_\_

Please charge my credit card:

\_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Or, make my donation

\_\_\_\_\_ In Memory of \_\_\_\_\_

\_\_\_\_\_ In Honor of \_\_\_\_\_

Please notify \_\_\_\_\_ of my gift.

Address \_\_\_\_\_

\_\_\_\_\_

Please designate my gift to the following area(s):

\_\_\_\_\_ General Fund

\_\_\_\_\_ Blair Reeves Rehabilitation Fund

\_\_\_\_\_ Burned Children's Fund

\_\_\_\_\_ Center for Caring Fund

\_\_\_\_\_ Child Life Fund

\_\_\_\_\_ Emergency Center Fund

\_\_\_\_\_ HIV/AIDS Fund

\_\_\_\_\_ Janey Briscoe Children's Center Fund

\_\_\_\_\_ Living Proof Fund

\_\_\_\_\_ Neonatal ICU Fund

\_\_\_\_\_ Nursing Scholarship Fund

\_\_\_\_\_ Peveto Center for Pastoral Care Fund

\_\_\_\_\_ Project Bear Hug

\_\_\_\_\_ Renal Dialysis Fund

\_\_\_\_\_ Safety Seat Fund

\_\_\_\_\_ Texas Diabetes Institute Fund

\_\_\_\_\_ Think Pink Fund

\_\_\_\_\_ Transplant Center Fund

\_\_\_\_\_ Transplant Endowment Fund

Please mail completed form to:

University Health System Foundation ♦ 903 W. Martin, MS 1-2 ♦ San Antonio ♦ TX ♦ 78207

Phone (210) 358-9860 ♦ Fax (210) 358-9862