



Please mail this form and your check to:  
**Methodist Healthcare Ministries of South Texas, Inc.**  
**Attention: Resource Development**  
**4507 Medical Drive, San Antonio, TX 78229**

## Donation Form

*Please PRINT all information clearly.*

### Gift Information

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to Methodist Healthcare Ministries of South Texas, Inc. (or MHM).

### Company Match

If your employer participates in a company match, please include your employer's name here:

\_\_\_\_\_

### Designation

If your gift has a special designation, please include it here:

\_\_\_\_\_

### Corporate

If your gift is on behalf of a company, please include the company name here:

\_\_\_\_\_

### Anonymous

I prefer to make this donation anonymously.

*If this gift is in honor or memory of someone special:*

Name of person this gift is in honor or memory of: \_\_\_\_\_

Mail a letter on my behalf to: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Email: \_\_\_\_\_

### Acknowledgement

I acknowledge that this contribution is made with the understanding that Methodist Healthcare Ministries of South Texas, Inc. has complete discretion and control over the use of all donated funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Receipt will be sent to the address above. Your contribution is tax-deductible. We thank you for your support.***