

Board Giving Form FY20

Board Member Name: _____

ANNUAL FUND FY20

I wish to make a gift of \$ _____.

Designate my gift towards: Area of Greatest Need JKCRS Endowment Twice Blessed House

Medical Education Other _____

Payment

Enclosed is my tax-deductible contribution of \$ _____ payable to All Saints Health Foundation.

Payment method: Check enclosed American Express® Discover® MasterCard® Visa®

Name on credit card _____ Exp. Date _____

Credit Card Number _____

BEYOND THE BAG 2020

I wish to support BTB 2020 with my gift of \$ _____, (see levels on separate page).

Payment

Enclosed is my tax-deductible contribution of \$ _____ payable to All Saints Health Foundation.

Payment method: Check enclosed American Express® Discover® MasterCard® Visa®

Name on credit card _____ Exp. Date _____

Credit Card Number _____

MARIA BEGGS SOCIETY

I have included the All Saints Health Foundation in my estate plans.

I would like more information about including All Saints Health Foundation in my will or estate plans.

Signature: _____ Date: _____

We gratefully appreciate your leadership and support!

Please return to:

Amy Adkins

Baylor Scott & White All Saints Health Foundation

1400 Eighth Avenue

Fort Worth, Texas 76104