

Member Name: _____

STEP 1 - GIFT AMOUNT (Check the appropriate box.)

ONE TIME GIFT - Please enter an amount and mark the type of gift.

\$10,000 \$5,000 \$2,500 \$1,000 Other: _____

Check (Payable to Baylor Scott & White All Saints Health Foundation.)

Credit card: AMEX Discover MC Visa

Credit card #: _____

Name on card: _____ Exp. Date: _____

I would like to make a pledge of \$ _____

This pledge will be paid over a period of _____ months/years, beginning with my first gift on _____.
(please choose)

STEP 2 - DESIGNATE YOUR GIFT (Check the appropriate box.)

Please designate your gift toward one of the areas of focus below.

Nurse Residency Program

Andrews Women's Hospital

Graduate Medical Education

Joan Katz Cancer Resource Center

Area of Greatest Need

Other: _____

I also wish to support our annual event, **Beyond the Bag**, to be held in January 2023.

Information about event sponsorship will be distributed in September 2022.

STEP 3 - SIGNATURE & DATE

Signature: _____ Date: _____

STEP 4 - RETURN COMPLETED FORM

Return completed form to:

Baylor Scott & White All Saints Health Foundation | 1400 Eighth Avenue | Fort Worth, TX 76104