

A Gift to North Texas Community Hospital

I would like to make a gift to North Texas Community Hospital.

Name _____
Address _____
City, State, Zip _____
Phone Number _____
E-mail Address _____

My gift amount is \$ _____
____ Enclosed is my check payable to North Texas Community Hospital
____ Please charge my donation to _____ MasterCard _____ Visa
____ I would like to make a monthly credit card donation
____ Please charge my monthly gift of \$ _____ to my credit card

Credit Card Number _____
Name of Card Holder _____
Expiration Date _____ / _____ / _____
Signature _____

Matching Gifts
My gifts will be matched by my current, former, or spouse's employer.
____ Matching gift form enclosed _____ Form will arrive later

I would like to make a gift in honor or memory of someone.
In honor of _____
In memory of _____

Please send an honor or memory acknowledgement to:
Name _____
Address _____
City, State, Zip _____

____ I wish to make a gift of securities, please contact me.
____ Please send me information about remembering North Texas
Community Hospital in my will
____ I wish to remain anonymous
____ Please do not send me information on programs and services at
North Texas Community Hospital

You may include comments or additional information on the back of this form.

Please designate my gift for programs and services as follows:

____ Area of Greatest Need
____ Orthopedics
____ Pediatrics
____ Rehabilitation
____ Women's Health
____ Other _____

Please print out, fill in this form and enclose with your payment.

Mail to:
*North Texas Community Hospital
Hospital Administration - Foundation
1905 Doctors' Hospital Drive
Bridgeport, Texas 76426*