



**SCAN**  
to make your  
gift online

# BAYLOR SCOTT & WHITE DALLAS FOUNDATION

## Board Giving Form

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

Board(s): \_\_\_\_\_

Preferred Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 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    \_\_\_\_\_  
 My company will match my gift   Company Name: \_\_\_\_\_

Check (Payable to Baylor Scott & White Dallas Foundation.)

Cash (Please enclose cash.)

I would like to make a pledge of \$ \_\_\_\_\_ in support of the Baylor Scott & White Dallas Foundation.

This pledge will be paid over a period of \_\_\_\_\_ months/years, beginning with my first gift on \_\_\_\_\_ .

To make a gift using your credit card, please visit [DallasFoundation.BSWHealth.com/Donate](http://DallasFoundation.BSWHealth.com/Donate) or by calling 214-820-3136.

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

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

Area of Greatest Need at:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Centennial  | <input type="checkbox"/> Plano  |
| <input type="checkbox"/> Dallas      | <input type="checkbox"/> Research Initiatives for Baylor Scott & White Heart and Vascular Hospital              |
| <input type="checkbox"/> Grapevine   | <input type="checkbox"/> Research Initiatives for Baylor Scott & White The Heart Hospital Plano/Denton/McKinney |
| <input type="checkbox"/> Lake Pointe | <input type="checkbox"/> Waxahachie   |
| <input type="checkbox"/> McKinney    |   |

System Philanthropic Priorities:

- |   |   |
|---|---|
| <input type="checkbox"/> Employees 1 <sup>st</sup> Emergency Assistance | <input type="checkbox"/> Research                         |
| <input type="checkbox"/> Faith in Action Initiatives                    | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Medical Education                              | (Ex: BSW Health & Wellness Center, Sammons Cancer Center) |

### STEP 3 - SIGNATURE & DATE

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

### STEP 4 - RETURN COMPLETED FORM

Return completed form to:

Baylor Scott & White Dallas Foundation | ATTN: Margot Aliffi | 301N. Washington Ave | Dallas, TX 75246

