

Board giving donation form

Contact information

Name:

Board(s):

Preferred Address:

Email:

Gift Amount

One-time gift - Please select an amount and mark the gift type.

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

My company will match my gift Company Name:

Gift Type: Cash Check

I would like to make a pledge of \$ to be paid over a period of months/years, beginning with my first gift on .

Please make checks payable to Baylor Scott & White Dallas Foundation.

To make a gift using your credit card, please visit DallasFoundation.BSWHealth.com/Donate.

In compliance with the Payment Card Industry (PCI) regulations, we may no longer receive credit card information over the phone.

Designate your gift

Area of Greatest Need at:

- BHVH
- BSW Health & Wellness Center
- Centennial
- Dallas
- Grapevine
- Heart Hospital
- Lake Pointe
- McKinney
- Plano
- Waxahachie

Foundation & System Philanthropic priorities:

- Community Health
- Frisco new regional medical campus
- Graduate Medical Education
- Heart & Vascular Research and Education
- Mission & Ministry
- Nursing Education
- Oncology
- Transplant

Other:

Signature: _____

Date: _____

Return completed form to:
Baylor Scott & White Dallas Foundation | ATTN: Shalana Brooks | 301 N. Washington Ave., Dallas, TX 75246

