Member Name: _____

Board(s): _____

Preferred Address: _____

E-mail: _____

STEP 1 – GIFT AMOUNT & PAYMENT TYPE (check appropriate boxes)

I'd like to make a one-time gift:

Amount:

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

☐ My company will match my gift – Company Name: _____

Payment Type:

☐ Check (enclosed and payable to Baylor Scott & White Central Texas Foundation)
☐ Cash (enclosed)

To make a gift using your credit card, please visit CTXFoundation.BSWHealth.com/Donate *or call 800.293.4483.*

I'd like to set up a pledge gift:

☐ I would like to pledge $ _____ in total, paid in increments of $ _____ per ☐ month ☐ year, beginning with my first gift on _____(enter date).

STEP 2 – DESIGNATE YOUR GIFT TO AN AREA OF FOCUS

Area of Greatest Need at:

☐ Austin	☐ College Station	☐ McLane Children's	☐ Taylor
☐ Brenham	☐ Lakeway	☐ Pflugerville	☐ Temple
☐ Buda	☐ Marble Falls	☐ Round Rock	☐ Waco (Hillcrest)

OR

System Philanthropic Priorities:

☐ Employees 1st Emergency Assistance   ☐ Research

☐ Faith in Action Initiatives   ☐ Other: _____

☐ Medical Education

(ex. Nurse Residency program, Chaplain Services or Child Life)

STEP 3 – SIGNATURE & DATE

Signature: _____   Date: _____

STEP 4 – RETURN COMPLETED FORM

Baylor Scott & White Central Texas Foundation | ATTN: Board Giving Campaign | 2401 S. 31st Street | Temple, Texas 76508
Questions? Contact Christal Hice at Christal.Hice@BSWHealth.org or 254.899.3772.

GIVE TO CHANGE

BGC23

REID: _____