



Make a minimum \$200 commitment and receive this 3/4" enameled lapel pin in recognition of your donation.



Plus, you will be invited to join us for the presentation of grant checks to our local provider partners, and your name, designated name, church or organization name will be included in our Annual Report.

Yes! Add my name to the list of 500 who are making a commitment.

CONTACT INFORMATION

First Name Last Name

COMPANY (if this is in the name of a company)

IN THE NAME OF/IN HONOR OF (if this is a gift given in the name of someone.)

Contact Phone (include area code)

Email Address

Street or PO Box

City State Zip Code

COMMITMENT: I am mailing this form and enclosing a check.

\$200  \$ \_\_\_\_\_

Check Enclosed PAY TO: Texoma Health Foundation

Charge the above amount to my credit card:

Visa  MC  Discover  AMEX

Name on Credit Card

Credit Card Number

Exp Date

Cardholder Signature Required

Mail this commitment to: 5036 Reba Dr, Denison TX 75020

Fax this commitment to: (903) 337-0744



Please mail, fax, or drop off at the THF Office.

Questions? Contact us at:

(903) 337-0755 or email info@texomahealth.org



Thank You to Our Valued Corporate Sponsors

