



DONATION FORM

Gift Amount: \$50 \$100 \$250 \$500 \$1,000 Other Amount:

I would like my gift to benefit:

- Our PATH Forward Capital Campaign
CHRISTUS Spohn Cancer Center
CHRISTUS Spohn CareVan
CHRISTUS Spohn Foundation Endowment
CHRISTUS Spohn Hospice Care
Dr. Edwin "Ben" Groner Nursing Excellence
FIRST FRIDAY
Kieschnick Guest House
Mother-Baby and Women's Services Project
Sister Margaret Mannion Helping Hands
Area of Greatest Need

This gift is made:

- As a gift in memory of:
To acknowledge great care received at CHRISTUS Spohn. I would like to recognize those who provided outstanding care:
In honor of:
To commemorate a special occasion or achievement: (Please describe)
Other: (Please Describe)

Gift notification:

- Send an acknowledgement of this gift (without specifying amount) to:
Name:
Address:
City: State: Zip code:

Donor Information:

- This donation is on behalf of a company:
Name:
Address:
City: State: Zip code:
Phone: Email:

Additional Options:

- Please send me information about how to include the CHRISTUS Spohn Foundation in my will or estate plans.
- My company will match this donation
- I would like to make this donation anonymously

Payment Information:

- Cash
- Check (make payable to CHRISTUS Spohn Foundation)
- Visa
- MasterCard
- AmEx
- Discover

Credit card number: _____ Expiration date: ____/____/____

Name on card: _____ CVV code: _____

Billing address (Same as above): _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

** The CHRISTUS Spohn Foundation is a 501(c)(3) nonprofit. All gifts are tax-deductible to the extent allowed by law.*

Please return this form along with your donation to:

CHRISTUS Spohn Foundation
600 Elizabeth Street
Corpus Christi, TX 78404