

Print this page, and mail or fax to:

San José Clinic
301 Hamilton Street
Houston, Texas 77002
Tel: 713-228-9411/Fax 713-228-6371

I would like to make a donation to San José Clinic.

Gift Amount _____ My employer will match this gift. The company form is enclosed.
 I would like for my gift to remain anonymous.

Please contact the Development Department if you wish to make a credit card (MasterCard and Visa only) donation.

First Name _____ Middle Initial: _____ Last Name: _____
Business Name: _____
Street Address _____
City: _____ State: _____ Zip _____
Home PH: (____) -- ____ -- _____ Work PH: (____) -- ____ -- _____
Cell PH: (____) -- ____ -- _____
E-mail address _____

This gift is _____ an honorarium
_____ a memorial
_____ a commemoration of (event) _____

Name of recipient(s); _____
Relationship to you: _____

Please send an acknowledgement of this gift to the person listed below: .

First Name _____ Middle Initial: _____ Last Name: _____
Business Name: _____
Street Address _____
City: _____ State: _____ Zip _____

Please contact me about including San José Clinic in my will.
 Please contact me about transferring stock to San José Clinic.