



**DEWITT MEDICAL FOUNDATION
REMEMBRANCE GIFTS**

I WOULD LIKE TO MAKE A DONATION IN _____ (HONOR/MEMORY)
OF _____ (NAME).

GIVEN BY:

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

PLEASE CHECK ONE:

CASH _____ CHECK _____ VISA _____
AMERICAN EXPRESS _____ MASTERCARD _____

IN THE AMOUNT OF \$ _____

NAME ON CREDIT CARD: _____

CARD # _____ EXPIRATION DATE: _____

SECURITY CODE (3 DIGIT NUMBER ON BACK OF CARD)

*ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS PROVIDED BY LAW.

PLEASE COMPLETE THE INFORMATION BELOW IF AN ACKNOWLEDGEMENT IS
DESIRED:

NAME _____
ADDRESS _____

THANK YOU FOR SUPPORTING THE DEWITT MEDICAL FOUNDATION!

**MAIL COMPLETED FORM
ALONG WITH
PAYMENT TO:**

DEWITT MEDICAL
FOUNDATION
615 N. ESPLANADE
CUERO, TEXAS 77954