



**SCAN**  
to make your  
gift online

# Baylor Scott & White Central Texas Foundation Board Giving Form

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](http://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:

- |                                  |  |  |   |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Austin  | <input type="checkbox"/> College Station | <input type="checkbox"/> McLane Children's | <input type="checkbox"/> Taylor           |
| <input type="checkbox"/> Brenham | <input type="checkbox"/> Lakeway         | <input type="checkbox"/> Pflugerville      | <input type="checkbox"/> Temple           |
| <input type="checkbox"/> Buda    | <input type="checkbox"/> Marble Falls    | <input type="checkbox"/> Round Rock        | <input type="checkbox"/> Waco (Hillcrest) |

OR

System Philanthropic Priorities:

- |   |  |
|---|--|
| <input type="checkbox"/> Employees 1 <sup>st</sup> Emergency Assistance | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Faith in Action Initiatives                    | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> 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. 31<sup>st</sup> Street | Temple, Texas 76508

Questions? Contact Christal Hice at [Christal.Hice@BSWHealth.org](mailto:Christal.Hice@BSWHealth.org) or 254.899.3772.

