## REID:\_\_\_\_\_ Foundation use only

## Board giving donation form

Contact information	
Name:  Board(s):  Preferred Address:  Email:	
Gift Amount	
One-time gift - Please select an amount and mark the gift type.  Amount: \$10,000 \$5,000 \$1,000 Other:  My company will match my gift Company Name:  Gift Type: Cash Check (payable to Baylor Scott & White Central Texas Foundation)  I would like to make a pledge of to be paid over a perior beginning with my first gift on  To make a gift using your credit card, please scan the QR code or visit CentralTexasFoundation.BSWHealth.com/Donate. In compliance with the Payment regulations, we may no longer receive credit card information over the photographic contents.	Card Industry
Designate your gift	
Area of Greatest Need at:  Austin Brenham Buda College Station Lakeway McLane Children's Marble Falls Pflugerville Round Rock Taylor Temple Waco (Hillcrest)  Foundation & System Philanthropic priorit  Heart & Vascular Research and Educatio Baylor College of Medicine - Temple ca Graduate Medical Education Mission & Ministry Nursing Excellence Employees 1st Emergency Assistance Other:  Other:	ion mpus
Signature: D	oate:

Return completed form to:
Baylor Scott & White Central Texas Foundation | ATTN: Board Giving | 2401 S. 31st Street, Temple, TX 76508



