

Thank you for making a gift to Legacy Community Health!

**DONOR INFORMATION**

Name/Organization: \_\_\_\_\_  Male  Female

Organization Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

(Complete only if Donor Name is a Corporation, Organization or Foundation)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:  Home  Work  Cell \_\_\_\_\_

Email: \_\_\_\_\_

This is a  personal gift  corporate gift  estate gift

**I would like to make a gift at the following level:**

\$25  \$50  \$100  \$250  \$500  \$1,000  \$2,000  \$5,000  Other \$ \_\_\_\_\_

Enclosed is my check/cash donation of \$ \_\_\_\_\_. (Please make checks payable to Legacy Community Health)

Please charge my credit card:  American Express  Discover  Master  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

**I would like to support the *Share Your Blessing* event benefiting:**



HIV Services and Education Programs

Other \_\_\_\_\_

My gift is  in honor of  in memory of

Name: \_\_\_\_\_  Male  Female

Please send notification to (gift amount will not be included):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send this form with your contribution to:  
 Legacy Community Health  
 Development Department  
 P.O. Box 66308  
 Houston, TX 77266-6308

*If you have any questions, please contact:  
 Claudette Guerrero at 832-548-5257 or  
 CGuerrero@legacycommunityhealth.org*