

## Your Foundation. Your legacy. Give today.

### Giving Levels and Benefits

Giving Level	Amount	Name Plate on Benefactor Board		Listed on Web	Listed in Annual Event Program	Tickets to Annual Benefit		Listed in Group Thank You Ad in Texas Medicine	Individual Thank You Ad in Texas Medicine	
		Small	Large			# of tickets			1/6 pg	1/2 pg
						2	4			
Supporter	Under \$250			✓						
Friend	\$250			✓	✓			✓		
Advocate	\$500			✓	✓			✓		
Protector	\$1,000	✓		✓	✓			✓		
Ambassador	\$1,500	✓		✓	✓	✓		✓		
Champion	\$2,500	✓		✓	✓	✓		✓	✓	
Hero	\$5,000		✓	✓	✓		✓	✓		✓

### Donor Information

Name (as it should be listed in printed materials) \_\_\_\_\_

Billing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_ I (we) wish to have our gift remain anonymous.

### Memorial/Honorarium

If you would like to make a donation in memory/honor of a loved one please provide the additional information below.

Memory of  Honor of:

Send acknowledgment of contribution to (Name): \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### I Give!

I would like to make a one-time donation of:  
\$ \_\_\_\_\_

### I Pledge!

I would like to pledge \$ \_\_\_\_\_ monthly for \_\_\_\_ Months  
(Pledges must be done via credit card via automatic draft)

My total pledge amount per year is \$ \_\_\_\_\_

### Method of payment:

Check (ck # \_\_\_\_\_) made payable to: Texas Pediatric Society Foundation

Credit card  Visa  MasterCard  Discover

Name on Card \_\_\_\_\_

Credit card number \_\_\_\_\_ CID Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please use the full value of my gift to support the TPSF. Do not send me the benefits to which I am entitled.

Mail donations to: TPSF 401 W. 15<sup>th</sup> Street, Ste. 682 Austin, TX 78701

TPSF is a 501(c)(3) organization Tax ID 74-3023211. IRS regulations provide that your gift is tax-deductible in the amount your contribution exceeds the value of any donor benefits you receive.