

Donation Form

I would like to donate:

\$35 \$60 \$85 \$120 \$150 \$200 \$250 Other \$ _____

My check is enclosed. (Please make checks payable to The Blood and Tissue Center of Central Texas)

Charge my credit card. My information is below.

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ E-mail Address: _____

Circle credit card type: Visa Mastercard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Name on card: _____

Cardholder's Signature: _____

This gift is a tribute.

In Memory of: _____

In Honor of: _____

On the Occasion of _____

Inform the following individual(s) of this gift:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Instructions: Print this page and complete the form. Please send your check, payable to The Blood and Tissue Center of Central Texas, and this form to:

The Blood and Tissue Center of Central Texas
Vicki Vinterella
P. O. Box 4679
Austin, TX 78765