

GIFT FORM

Name: _____

Address: _____

Email: _____ Phone: _____

Please email my donation receipt in lieu of postal mail.

The enclosed tax-deductible gift in the amount of \$ _____ is to be applied to the fund checked:
(Optional. If left blank, gift will be applied to the Library's General Fund)

____ Greatest Need ____ McGovern Historical Center ____ TMC Women's History Project ____ Permanent Fund

____ Capital Improvement ____ Other

My check is enclosed, payable to The TMC Library, or charge my gift to:

American Express VISA Master Card Discover

Account No: _____ Expiration Date: _____ CVV: _____

Signature: _____

I plan to transfer a gift of securities. *(For instructions, contact the Accounting Dept. at 713.799.7111).*

My gift is in memory of in honor of:

Please notify the following individual or family of my gift (optional):

Name _____

Address: _____

Please complete this form and mail along with your check to: ATTENTION: DEVELOPMENT