



Menninger®
Where healing comes to mind

Thank You for Your Support

The Menninger Clinic Foundation is a 501(c)(3) non-profit organization (EIN 81-0588012).
Gifts are tax deductible to the extent allowed by law.



Please Print

NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SINGLE GIFT

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

- \$250
 \$100
 \$50
 Other \$ _____

MONTHLY RECURRING GIFT

Please charge my credit card monthly at the amount below until I give further notice. *Charges will occur during the third week of each month.*

- \$25/mo.
 \$10/mo.
 \$5/mo.

- Please designate my gift to:
- Area of Greatest Need
 Training & Education
 Research
 The Gathering Place
 Patient Assistance Fund

PAYMENT INFORMATION

- My check is enclosed (*payable to The Menninger Clinic Foundation*)
 Please charge my credit card:
 Visa
 MasterCard
 American Express
 Discover

NAME ON CARD _____

SIGNATURE _____

CARD NUMBER _____ EXPIRATION (MM/YY) _____

PHONE _____

My preferred name for printed recognition is:

- Please keep my gift anonymous.

- My company's matching gift form is enclosed.
 Menninger is included in my will.
 Please contact me about giving through my estate, appreciated securities or IRA.

TRIBUTE INFORMATION

My gift is:
 in honor of
 in memory of

TRIBUTE NAME _____

- Please send notification of my tribute gift to:

NAME OF PERSON TO NOTIFY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING INSTRUCTIONS

After you complete this form, please mail it to:

The Menninger Clinic
Attn: Office of Philanthropy
12301 Main Street
Houston, Texas 77035

You may opt-out of fundraising communications from The Menninger Clinic Foundation at any time by calling us at 713-275-5176 or emailing giving@menninger.edu.