

You Can Help

Mail In Gift Form

DONOR INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

DONATION INFORMATION

Please use this gift to support **Taos Cancer support Services**.

Donation Amount _____ This gift is Anonymous

This gift is in Honor/Memory of _____

PAYMENT INFORMATION

CHECKS - Please make checks payable to Taos Health Systems



CREDIT CARD - please complete the information below

Name on Card # _____

Card # _____

Expiration date _____ v-code _____

Please mail the completed Gift Form to:

**Holy Cross Hospital
Gift Office**

1697 Weimer Road
Taos, NM 87571