

# You Can Help

## Mail In Gift Form

### DONOR INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

### DONATION INFORMATION

Donation Amount \_\_\_\_\_ This gift is Anonymous

This gift is in Honor/Memory of \_\_\_\_\_

Please use this gift to support the following program:

- |  |   |
|--|---|
| <input type="checkbox"/> We Care for Our Own (Annual Fund) | <input type="checkbox"/> TUPAC                            |
| <input type="checkbox"/> First Steps                       | <input type="checkbox"/> Prescription Assistance          |
| <input type="checkbox"/> Kids First                        | <input type="checkbox"/> CARE Team                        |
| <input type="checkbox"/> Taos Loves Kids                   | <input type="checkbox"/> Diabetes Management              |
| <input type="checkbox"/> Endowment                         | <input type="checkbox"/> Taos Sports & Physical Medicine  |
| <input type="checkbox"/> Diana Smith Helping Hands Fund    | <input type="checkbox"/> Women's Health Institute         |
| <input type="checkbox"/> Cancer Support Services           | <input type="checkbox"/> High School Senior Scholarship   |
| <input type="checkbox"/> Taos SANE                         | <input type="checkbox"/> Mercy Lucero Nursing Scholarship |

### 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 \_\_\_\_\_