



# The Blood & Tissue Center Foundation

6211 IH 10 West  
San Antonio, TX 78201  
(210) 731-5594

Enclosed is my gift of \$\_\_\_\_\_ to help support the South Texas Blood & Tissue Center.

**Please make check payable to the Blood & Tissue Center Foundation** (*Do not enclose cash*)

NAME (Dr / Mr / Mrs / Ms) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

or

Credit card:  American Express     Mastercard     Visa

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

**Please direct my contribution to:**

- Texas Cord Blood Bank
- South Texas Blood & Tissue Center Operations
- Marrow Donor Program
- Tissue
- Bereavement

**For Memorial / Honor Program Contributions:**

My gift is  in memory of     in honor of

(Dr /Mr /Mrs / Ms) \_\_\_\_\_

Send notification of this gift to:

NAME (Dr / Mr / Mrs / Ms) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

*Donations to the Foundation are tax-deductible as charitable contributions*