

IntraCare's *Circle of Friends*

To make a contribution to **IntraCare's Circle of Friends**, please print and complete this form. Send your check or money order, **payable to Cambridge Health Foundation**, to:

IntraCare Hospital
Attn: IntraCare's Circle of Friends
7601 Fannin
Houston TX 77054

Donor Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Enclosed is my gift of:

\$25 \$50 \$100 \$250 \$500 Other: \$ _____

Method of Payment: Check Enclosed Money Order Enclosed

Memorials and Tributes

This gift is made in memory of: _____

This gift is made in honor of: _____

We will acknowledge your memorial or tribute gift and send an appropriate letter to the person you indicate below.
(The amount of your gift will **not** be mentioned.)

Name: _____
(Name and address of the person to be notified of my gift)

Address: _____

City/State/Zip: _____

Please use my gift for: IntraCare Medical Center Hospital IntraCare North Hospital

If no preference is indicated, your gift will be used where needed.

Please check here if you do not want your name made public. (The amount of your gift will **not** be made public.)

Cambridge Health Foundation • 1120 Cypress Station Drive • Houston, Texas 77090 • 281.893.7200
IntraCare Medical Center Hospital • 7601 Fannin • Houston, Texas 77054 • 713.790.0949
IntraCare North Hospital • 1120 Cypress Station Drive • Houston, Texas 77090 • 281.893.7200

Cambridge Health Foundation, IntraCare Medical Center Hospital and IntraCare North Hospital are not-for-profit.
Your gift is deductible to the fullest extent allowed by law. No goods or services were provided in consideration of this donation.

Thank you for your generous gift.