

CITY

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SINGLE GIFT	MONTHLY RECURRING GIFT
I would like to make a one-time donation of: \$250 \$100 \$50	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.
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Please designate my gift to: Area of Greatest Need The Gathering Place	 ○ Training & Education ○ Research ○ Patient Assistance Fund ○ Center for Addiction Medicine
PAYMENT INFORMATION	and Recovery
 My check is enclosed (payable to The Menninger Clinic Foundation) Please charge my credit card: Visa MasterCard 	ation) American Express Discover
NAME ON CARD	SIGNATURE
CARD NUMBER EXPIRATION (MM/	YY) PHONE
My preferred name for printed recognition is:	My company's matching gift form is enclosed.
Please keep my gift anonymous.	 Menninger is included in my will. Please contact me about giving through my estate, appreciated securities or IRA.
TRIBUTE INFORMATION	MAILING INSTRUCTIONS
My gift is: O in honor of O in memory of	After you complete this form, please mail it to:
TRIBUTE NAME Please send notification of my tribute gift to:	 The Menninger Clinic Attn: Office of Philanthropy 12301 Main Street Houston, Texas 77035
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