



Program Gift

I would like to support the important research of CHRISTUS Stehlin Foundation aimed at lifesaving discoveries and ultimately, a cure for cancer.

I am making a total gift of \$_____ to be paid one time monthly quarterly
annually over a term of _____ payments. My first payment will be on _____

My company will match my gift (Please enclose your matching form or company contact info)

Designation

Please direct my gift to:

- Research area of greatest need Drug Development CZ48 Clinical trials
- Prostate Cancer Project Hyperthermia Research Education Scholarship Program
- Operations Other _____

Donor Information

Title/s _____ First name/s _____ Last name/s _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email _____

Name as acknowledged in print/donor materials: I would like my gift to be anonymous

Payment Information

By Check (payable to Christus Stehlin Foundation) Credit Card

To be paid/charged on the first last other _____ day of the period indicated above

Card number _____ Expiration _____ (mm/yy)

Name on card _____ Signature _____

Donations to CHRISTUS Stehlin Foundation are tax deductible. For more information, contact the Development Office at **713-659-1336**.

MAIL to:

CHRISTUS Stehlin Foundation, Development Office, 10301 Stella Link Rd Ste A, Houston TX 77025-5447

FAX to: 713-659-1503

EMAIL to: development@stehlin.org