



No Go Gala, An Evening at Home

Print Name

Address

City

State

Zip

Telephone

Email

- Enclosed is my personal check made out to
UT Medical School at Houston Doris Simon Fund.

Please charge my credit card Visa Master Card Discover

Account number

Expiration date

Print name as it appears on card

Signature

- My company has a matching gift program.
- Please call me about a gift of securities or stock.

Telephone

Please indicate your tax-deductible donation on the reverse side of this card.



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I would like to designate my gift to:

- A Single Ticket for \$100
- Tickets for Two for \$200
- A Half Table for five uninvited guests for \$500
- A Table for 10 uninvited guests for \$1000
- Decorations for \$1,500
- Catering Expenses for \$2,000
- The Event for \$5,000
- Other \$ _____

Return this form to:

*The University of Texas Medical School at Houston
Development Office
PO Box 20036
Houston, Texas 77225*

*For more information please contact
Keri Valdes at 713 500 5065 or Keri.Valdes@uth.tmc.edu*