

Karen W. Teel, M.D. Lectureship Endowment

Form of Intent

Name

Address

City

State

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It is my/our pleasure to contribute/pledge \$_____ to Children's Medical Center Foundation of Central Texas for the Karen W. Teel Lectureship Endowment

Our payment will be as follows:

Full or partial payment (circle one) of \$_____ enclosed

Remaining funds if any will be paid as followed. Please bill me:

\$_____ on _____(Date)

\$_____ on _____(Date)

\$_____ on _____(Date)

Other Preference: _____

Signature

Date

I/We give do not give permission for public recognition of my contribution.

Please Print Name(s) as you would like it to appear on related publicity

Please make checks payable to: Children's Medical Center Foundation of Central Texas

4900 Mueller Blvd. Austin, Texas 78723

Phone: (512) 324-0170

Fax: (512) 324-0798

For more information please contact: Cyndy Perkins at 324-0107 or cperkins@seton.org

Please note: Children's Medical Center Foundation affirms no goods or services were provided to the donor in exchange for their kind contribution.