

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 IntraCare Behavioral Health Foundation**, to:

IntraCare North Hospital
Attn: IntraCare's Circle of Friends
1120 Cypress Station Drive
Houston TX 77090

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

IntraCare Behavioral Health Foundation • 1120 Cypress Station Drive • Houston, Texas 77090 • 281.893.7200
IntraCare North Hospital • 1120 Cypress Station Drive • Houston, Texas 77090 • 281.893.7200

IntraCare Behavioral Health Foundation 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.