



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

MAIL IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Name (First and Last / Name of Organization): _____

ADDRESS INFORMATION

Address: _____

City: _____

State: _____

Country: _____

Email address: _____

Telephone number: _____ Preferred method of contact: ☐ Mail ☐ Phone
☐ Email ☐ Text

*By providing your email address and/or phone number, you will receive information from TTUHSC.
We will not sell or share your information. You may unsubscribe at any time by submitting a request to askus@ttuhsc.edu.*

PAYMENT OPTIONS



One-time gift \$ _____

Checks should be made payable to TTUHSC. Please specify the fund or area you wish to support on the check.



Monthly gift in the amount of \$ _____

For a monthly gift, please enclose a voided check from the account you'd like to use.

I AM SUPPORTING

Please designate your gift to one of the following:



Where it is needed most!



Other: _____

Thank you for your generous gift! Your questions and feedback are important to us.
Please do not hesitate to contact us at askus@ttuhsc.edu or by phone at 806.743.2786.

Please mail the completed form to TTUHSC | 3601 4th St. STOP 6238 | Lubbock, Texas 79430