

**TEXAS ASSOCIATION OF HEALTHCARE VOLUNTEERS  
GIFTS AND MEMORIALS FOUNDATION**

Enclosed is \$\_\_\_\_\_ which is a:

Celebration of \_\_\_\_\_

Donation \_\_\_\_\_

Gift in Honor of \_\_\_\_\_

Memorial for \_\_\_\_\_

**\*\*Notification to be sent to the honoree/family/other (please circle one):**

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

Donor:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

**Please make check payable to TAHV Gifts and Memorials Foundation and mail to:**

**Janice Allen  
TAHV Gifts and Memorials Foundation Comptroller  
2109 Canyon Rock Court  
Abilene, TX 79606**

**\*\* Gift amounts are not disclosed. Gifts are tax-deductible.**