



# Texas Society of Health-System Pharmacists Research and Education Foundation Contribution Form

**The Foundation needs YOUR continuing support to maintain and expand its programs. YOU can have an impact and help shape the future of pharmacy in Texas.**

*Yes!* I support the type of programs sponsored by the Foundation!

My contribution is enclosed in the amount of:

- \$1,000   
  \$500   
  \$250   
  \$100   
  \$50   
  \$25   
 or   
  \$ \_\_\_\_\_

Pledge:

I pledge \$ \_\_\_\_\_ per year, beginning on \_\_\_\_\_ for \_\_\_\_\_ year(s).

The contribution should go to the following TSHP R&E Foundation fund:

- General Fund (Supports internship program, poster competition and general operations)

Or, contribute to one of our four targeted scholarships:

- James T. Dolusio Scholarship (only \$8,000 left until endowment)
- Phyllis B. Ginsburg Memorial Scholarship (only \$4,000 left until endowment)
- Glenda Lawson McRee Memorial Scholarship (only \$2,000 left until endowment)
- Sandra Evans Webb Scholarship (only \$8,000 left until endowment)

Other named fund: Specify: \_\_\_\_\_

In \_\_\_\_\_ Memory \_\_\_\_\_ Honor \_\_\_\_\_ Appreciation of: \_\_\_\_\_

**Information:**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*Your gift will be acknowledged on the Foundation Website and the Foundation's Annual Report*

**Method of Payment:**   
 Check   
 Amex   
 MC   
 VISA   
 Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Or**  Please invoice me at:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**TSHP R&E Foundation**

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*TSHP R&E Foundation is a 501(c)(3) charitable foundation (EIN 75-1578067)*