

Wonderland



TMA FOUNDATION'S GALA

Dallas Convention Center • Friday, May 3, 2024 • 6-10:30 pm

Please list company, foundation, or individual EXACTLY as it should appear in printed/electronic media.

Please check if you wish to remain anonymous.

METHOD OF PAYMENT

PLEDGE – Payment will be sent at a later date. (All sponsorship payments must be received by **April 5, 2024**)

Enclosed is my check for \$ _____ Please make check payable to TMA Foundation.

Credit card payment made online at www.texmed.org/Gala

We wish to decline our table(s) at the gala (The charitable contribution amount of this donation will be the full value of the gift.)

Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

This donation is in honor/memory of: _____

I'm sorry we can't attend, but we wish to contribute the following \$ _____ to the \$10,000 matching STAR Campaign.

Signature _____

PLEASE SEND COMPLETED FORM TO:

Sean Dunham

Development and Operations Assistant
TMA Foundation
401 W. 15th Street, Austin, TX 78701.

For questions about this form, please call

Sean at (512) 370-1664
or (800) 880-1300, ext. 1664

or e-mail sean.dunham@texmed.org.