

Friends of the Texas Medical Center Library  
Contribution/Membership Form

The enclosed tax-deductible gift in the amount of \$\_\_\_\_\_ is to be applied to the fund indicated below:

\_\_\_ Friends Book Funds

\_\_\_ Consumer Health Information Funds

\_\_\_ Education and research grant funds

\_\_\_ Greatest Need

Please make check payable to the Friends of the Texas Medical Center Library or indicate the credit card to be charged:

\_\_\_ American Express

\_\_\_ Visa

\_\_\_ MasterCard

Name of card holder: \_\_\_\_\_

Card account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(If we have questions, your telephone number will be helpful.)

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Return your form to:

Friends of the Texas Medical Center Library  
1133 John Freeman Blvd  
Houston, TX 77030  
(or by fax to: 713-790-7052)