



GIFT AGREEMENT

We recognize and appreciate the importance of Texas Health Resources' Mission to improve the health of the people in the communities it serves. It is our intention to provide the following philanthropic gift in support of the **Mark Feldman, M.D. Internal Medicine Fund**.

Pledges may be paid over a period of up to five years from the date of the pledge.

<u>YEAR</u>	<u>PAYMENT</u>
2021	\$ _____
2022	\$ _____
2023	\$ _____
2024	\$ _____
2025	\$ _____
TOTAL GIFT AMOUNT	\$ _____

We understand this Gift Agreement expresses our desire and intent to provide financial support and is not legally binding upon us or our estate. We also understand all gifts to Texas Health Resources are tax deductible to the full extent allowed by the Internal Revenue Service.

Donor Name _____

Address _____

Donor Signature(s) _____ Date _____