

## Tribute Giving Form

Enclosed is a gift of \$ \_\_\_\_\_ payable to The Blair E. Batson Hospital for Children

### This gift is given:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

For (birthday, anniversary, etc.), \_\_\_\_\_

### Please send notification of this gift to:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Donated by:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Please mail this completed form with your check or money order to:

Division of Public Affairs  
Blair E. Batson Hospital for Children  
2500 North State Street  
Jackson, MS 39216