

The Rose Donation Form

Your gift helps The Rose Sponsorship Program provide thousands of low-income, uninsured women with comprehensive breast health care. Your gift is tax deductible.

Please mail this form with your donation to:

Donations
The Rose
12700 N. Featherwood, Ste. 260
Houston, TX 77034

Please Print

Your information

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

Donation information

Enclosed is my gift of \$ _____ payable to The Rose or charge my credit card

Credit Card (Circle One): Discover Visa Mastercard Amer. Express

Name on Credit Card _____ Card Number _____

Exp. Date _____ Signature _____

Type of Donation (please choose one)

- General Donation
- Gift in memory of _____
- Gift in honor of _____

Please Send Acknowledgment to:

Name _____ Relationship to Deceased or person honored _____

Address _____ City/State/Zip _____

The ROSE Diagnostic Center
12700 N Featherwood, Suite 260
Houston, TX 77034
Ph. 281.484.4708
F. 281.484.5626



www.The-Rose.org

The ROSE - Joan Gordon Center
3400 Bissonnet, Suite 185
Houston, TX 77005
Ph. 713.668.2996
F. 713.668.3173