

Seeds of Generosity Campaign Gift Form

July 1, 2026 - July 31, 2026



Name: _____ Employee Number: _____

Department: _____ Phone: _____ Email: _____

Address: _____

**For donation receipts.*

City, State: _____ Zip: _____ T-Shirt Size: _____

Where Generosity Blooms.

Anonymous Donation: I wish to not have my name listed on any donor recognition materials.

I would like to make a pledge:

★ = Comes with the 2026 campaign shirt (see right for more details)

PTO Donation: One time gift of _____ hours
• Minimum of 10 hours

Payroll Deduction: \$ _____ per pay period

\$5 per pay period = \$130/year

★ \$10 per pay period = \$260/year (minimum amount to receive a t-shirt)

★ \$20 per pay period = \$520/year

★ \$40 per pay period = \$1,040/year

I authorize the payroll deduction/PTO donation above beginning August 1, 2026. I understand that I may change or revoke this authorization at any time by providing written notice to the Development Department.

Employee Signature _____ Date _____



- To receive the 2026 shirt, you must donate a minimum of \$260
- Only this year's shirt can be worn on Fridays
- Shirt can be worn with jeans for non-clinical staff & scrub bottoms for clinical staff

Contribution by Cash, Check, and/or Credit Card

Amount: \$ _____ One-Time Monthly: beginning on _____ ending on _____

Check Cash Credit Card Visa Mastercard Discover Amex

**Please make checks payable to OakBend Medical Center.*

Card Number: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Signature: _____ Date: _____

I want to cover the 3% credit card processing fee.

Please return this completed form along with any necessary payment to OakBend Medical Center Development Department or send via email. →

OakBend Medical Center is a 501(c)(3) organization operating under the Federal Tax Identification Number 76-0339462. Contributions are tax deductible as prescribed by law.

Development Department:

1705 Jackson Street
Richmond, TX 77469
development@obmc.org
(281) 341-4812

Scan to Pay
Online or
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