



Honorarium and Speakers' Fees Donation Request

To: _____ Date: _____

From (Name/Title):

Address: _____

Please forward my honorarium of \$ _____, which is provided by your organization for my participation in (event) _____ on (date) _____ to the JPS Foundation (Tax ID: 75-2717782) so that it will support the advancement of healthcare excellence in patient care and future JPS initiatives.

Please make the check payable to:

JPS Foundation
1223 S. Main St.
Fort Worth, TX 76104

Your signature: _____

If you have questions regarding this contribution to the JPS Foundation, please call the JPS Foundation office at (817) 702-7310 or email jpsfoundation@jpshealth.org.