

2025 HOLIDAY GIVING PROGRAM

ORDER FORM

STEP 1 Select cards

Additional designs can be viewed and ordered online at MDAnderson.org/Holiday. Limited quantities are available.

3 EASY
WAYS
TO GIVE:



MDAnderson.org/Holiday



Call 800-525-5841



Return this completed form

CARD A



CARD B



CARD C



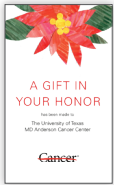
CARD D



CARD E



DONATION ENCLOSURE:*



Include this 3"x 5" insert in your own holiday cards to share that a gift has been made to MD Anderson.
*No personalization available

STEP 2 Choose a signatory

In the space below, please print your signature line as you would like it to appear below the card's inside message.

For example:
The Smith Family: John, Jane, Julie and Josh

Leave blank if no personalization

STEP 3 Select your quantities:

☐ DONATION ONLY. No cards needed.

EXAMPLE

Card A Quantity (\$10/Each): _____

Card B Quantity (\$10/Each): _____

Card C Quantity (\$10/Each): _____

Card D Quantity (\$10/Each): _____

Card E Quantity (\$10/Each): _____

Insert Quantity (\$5/Each): _____

Additional donation: _____

Total Cost: _____

Card A Quantity (\$10/Each): **2 CARDS X \$10 = \$20**

Card B Quantity (\$10/Each): **3 CARDS X \$10 = \$30**

Card C Quantity (\$10/Each): **3 CARDS X \$10 = \$30**

Card D Quantity (\$10/Each): **4 CARDS X \$10 = \$40**

Card E Quantity (\$10/Each): **2 CARDS X \$10 = \$20**

Insert Quantity (\$5/Each): **6 INSERTS X \$5 = \$30**

Additional donation: **\$30**

Total Cost: **\$200**

STEP 4 Choose delivery option

☐ Please send my order to me at the address listed below. ☐ Please address and mail my cards on my behalf.*

*If we are addressing and mailing the cards on your behalf, please email recipient list to Holiday@MDAnderson.org or complete the list on the back of this form and mail it back in the envelope provided.

We regret to inform you that large requests (25 or more cards) received after Dec. 5, 2025, may not be delivered before Dec. 25, 2025.

STEP 5 Provide contact and donation information

Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

☐ Enclosed is my check for \$_____. (Payable to MD Anderson)

☐ Please charge my credit card in the amount of \$_____. ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card #: _____ Expiration: _____ Signature: _____

Mail my cards to:

Please print the names and addresses of the people to whom you wish to send cards. You can also email your list to Holiday@MDAnderson.org.

Holiday cards will be mailed beginning Monday, Dec. 1, 2025. All orders received after this date will be processed and mailed as soon as possible. We regret to inform you that large requests (25 or more cards) received after Dec. 5, 2025, may not be mailed before Dec. 25, 2025.

Name	Address	Address 2	City/State/ZIP

Mail your order form to:
Holiday Giving Program
P.O. Box 4470
Houston, TX 77210-4470
Phone: 800-525-5841
Holiday@MDAnderson.org

MDAnderson.org/Holiday