



Ways of Giving DONATION FORM

Please send this form to:
The Children's Hospital Foundation
34th Street and Civic Center Boulevard
Philadelphia, PA 19104-4399

Please print clearly.

Donation Type (Please check one option.)

- I want to make a single gift of \$ _____
- I want to make a 12 x \$ _____ pledge totaling \$ _____ (via credit card)

I would like my gift to support:

Div. of Neurosurgery, Storm/Resnick Laboratory (Acct. 27115-5265900000) "Education Fund"

(PLEASE MAKE CHECKS PAYABLE TO: THE CHILDREN'S HOSPITAL FOUNDATION)

Personal Information

Title (Please circle one.) Mr & Mrs. Miss Mr. Mrs. Ms. Dr.

First name _____ Middle Initial _____ Last name _____

Street _____ Apartment or Suite Number _____

City _____ State _____ Zip _____

Country USA

Phone Day () _____ Evening () _____

E-mail _____

Credit Card Information

Select credit card type (Please circle one.) American Express Mastercard VISA

Name as it appears on your credit card _____

Credit card number _____

Expiration Date Month _____ Year _____

Gift Information (Please check one option.)

- I make this gift in memory of _____.
- I make this gift in honor of _____.
- I choose not to dedicate this gift.

Honoree Address

Street _____ Apartment or Suite Number _____

City _____ State _____ Zip _____

Country _____

Please use the lines below to tell us who should be notified about your gift and their relationship to your honoree.

May we contact you?

- Yes, please give me additional opportunities to support The Children's Hospital of Philadelphia. Add me to your mailing list to receive publications, appeals for support and event invitations.
- No, thank you, I'd rather not receive mailings from The Children's Hospital of Philadelphia at this time.