



Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

(We will not share your personal information with any other party.)

- I would like to make a PLEDGE in the amount of \$ _____.
 - Payment schedule _____.
- I would like to make a MONTHLY gift of \$ _____ per month.
 - Enclosed is a check payable to Cincinnati Children's
 - Charge my credit card (deducted on the 15th of each month)
- I would like to make a ONE TIME gift of \$ _____.
 - Enclosed is a check payable to Cincinnati Children's
 - Charge my credit card

Use my gift to support: Greatest Needs Critical Care Campaign Other: _____

Credit Card: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Account Number: _____ Exp. Date: _____

Signature: _____ Date: _____

This contribution is *(check if applicable)*

- In memory of: _____
- In honor of: _____

Please send notification of my contribution to *(no amount is mentioned)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE SEND COMPLETED FORM TO:
Cincinnati Children's
PO Box 5202
Cincinnati, OH 45201-5202

FOR QUESTIONS OR TO GIVE ONLINE:
Liz Curnett: 513.636.4484 or
liz.curnett@cchmc.org
cincinnatichildrens.org/donate

THANK YOU FOR SUPPORTING CINCINNATI CHILDREN'S!

Your gift is tax deductible as allowed by law. If you do not wish to be contacted for fundraising efforts, please notify: Liz Curnett at liz.curnett@cchmc.org or in writing at:

Department of Development, MLC 9022, Cincinnati Children's, 3333 Burnet Avenue, Cincinnati, OH 45229-3025.