



**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 15<sup>th</sup> 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 9002, Cincinnati Children's, 3333 Burnet Avenue, Cincinnati, OH 45229-3026.*