



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 ☐ College Hill Campaign
☐ Other: _____

Credit Card: _____ Visa _____ MasterCard _____ AMEX _____ Discover _____

Account Number: _____ Exp. Date: _____ CVV: _____

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.*