Cincinnati Children's
changing the outcome together

Donation Form

Name: Hanna Bihn

Address: 341 E 4th St.

City: Minster **State:** ohio **Zip:** 45865

Email: hanna.bihn@gmail.com

Home Phone: 4197905213 **Cell Phone:** 4197905213

(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:
Gift Processing Team: 513.636.4484 or
giftprocessing@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 our Gift Processing Team at giftprocessing@cchmc.org or in writing at: Department of Development, MLC 9002, Cincinnati Children's, 3333 Burnet Avenue, Cincinnati, OH 45229-3026.