



Donation Form

Thank you for your support of Cincinnati Children's!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

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

Are you a Cincinnati Children's employee? Yes No

Gift Information

- 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

Credit Card: Visa MasterCard AMEX Discover

Account Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Use my gift to support:

- Greatest Needs
- Other *(Please specify a specific program or division)* _____

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: _____

Recognition (publications, donor wall, etc.)

- For recognition purposes, please list my name as: _____
- I would like to give anonymously

- I am interested in learning more about utilizing an IRA Rollover. Please contact me.

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.