



**Children's
Hospital of
Michigan
Foundation**

**Make a Gift by Mail
to the Children's Hospital of Michigan Foundation**

Your contribution will provide the resources needed to conduct life-saving pediatric research, advocate for children and their safety, and help educate future generations of healthcare professionals. To make a charitable donation to the Children's Hospital of Michigan Foundation, please complete and mail the form below.

Enclosed is my gift to the Children's Hospital of Michigan Foundation

\$25 \$50 \$100 \$250 \$500 Other \$ _____

Gift Designation

Use my gift where most needed. Other _____

Donor Information

Title _____ First Name _____ Last Name _____ Suffix _____

Company Name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Phone Number _____ E-mail Address _____

Payment Information

- Check (Make check payable to Children's Hospital of Michigan Foundation)
- Securities (Please call 313.964-6994)
- American Express MasterCard Visa



**Children's
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Foundation**

Credit Card Information

Name as it Appears on Card _____

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(Security code on back of card)

This gift is in tribute

In memory of _____

In honor of _____

On the occasion of _____

Please Notify

Title _____ First Name _____ Last Name _____ Suffix _____

Address _____

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Relationship to the tribute recipient _____
(i.e. mother, child, spouse, etc.)

I would like to receive e-mail communications from the Children's Hospital of Michigan Foundation.

Please send completed form with donation to:
Children's Hospital of Michigan Foundation
3011 West Grand Blvd., Suite 218, Detroit, MI 48202
(313) 964-6994