



## 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

### Credit Card Information

Name as it Appears on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVV Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(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 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

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  
3901 Beaubien, Detroit, MI 48201-2119  
(313) 964-6994