

**Enclosed is my/our gift to ensure extraordinary care for children.**

\$25    \$50    \$100    \$500    \$1,000    \$\_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone    Day    Evening (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**My company will match my gift to double my donation.**

Company name: \_\_\_\_\_

**I am paying by:**

Check (made payable to Children's Hospital Foundation)

Visa    Mastercard    American Express    Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Print name *(as it appears on card)* \_\_\_\_\_

Signature \_\_\_\_\_

**Please direct my/our gift to:**

Where the need is greatest

To the following program: \_\_\_\_\_

**Children's Hospital & Research Center Foundation • 510-428-3814 • [www.chofoundation.org](http://www.chofoundation.org) • Email [4kids@mail.cho.org](mailto:4kids@mail.cho.org)**

**My/Our gift is a memorial/dedication**

In memory of:    In honor of:

\_\_\_\_\_  
NAME OF HONOREE

Special occasion: \_\_\_\_\_  
EVENT OR OCCASSION

**Please send a notification card regarding my/our memorial/dedication gift to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I/We would like to help further:**

Please send me \_\_\_\_\_ donation envelopes for future use or to share with friend and family.

Please send me information on:

Volunteering or making in-kind donations, either as an individual or through my company

Grateful Families Program

How to include Children's Hospital in my will

Gift annuities and charitable remainder trusts

Research at Children's Hospital

Other \_\_\_\_\_

I have a story to share about my experience with Children's.

I/We would like to receive e-news about Children's at this email address \_\_\_\_\_

Please remove me/us from your lists.