



Riley,  
Leukemia  
Patient

## DONOR INFORMATION

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## GIFT AND METHOD OF PAYMENT

Please visit [givetochildrens.org/ec](http://givetochildrens.org/ec) to make a secure online donation to the campaign.

### Payroll Deduction — Please pick one:

Children's Hospital  Children's Community Pediatrics  UPMC

\$ \_\_\_\_\_ (amount per pay)

One time payroll deduction only

### GIFT RENEWAL

Please stop my donation after 12 months.

*Please note that donor will be responsible for contacting the Foundation to stop donation. Otherwise, donation will renew on a yearly basis.*

**Check** made payable to **Children's Hospital of Pittsburgh Foundation**

**Credit Card** — Please charge \$ \_\_\_\_\_

to my/our:  Visa  MasterCard  Discover  AMEX

Monthly  Quarterly  Once

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### FUND DESIGNATION:

*Please direct my/our gift to the following fund(s):*

Children's Hospital Fund  My department/division  Other (Fund Name: \_\_\_\_\_)

**SIGNATURE (required):** \_\_\_\_\_

**Please turn in your donation form to Children's Hospital of Pittsburgh Foundation, One Children's Hospital Drive, Central Plant, Floor 3, 4401 Penn Avenue, Pittsburgh, PA 15224.**

**Contact Chelsea Bode with any questions: [chelsea.bode@chp.edu](mailto:chelsea.bode@chp.edu) or 412-692-3920**