



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