



DONOR INFORMATION

Name: _____

Employee ID: _____ Dept.: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

DONOR LISTING

Please check one.

I/We would like to be recognized as

I/We would like to remain anonymous

FUND DESIGNATION

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

Children's Hospital Fund Other _____

DONATION INFORMATION

Recurring Payroll Deduction — Charge \$ _____ Per Pay

Check made payable to UPMC Children's Hospital Foundation

Credit Card — Charge \$ _____ Monthly / Once

Name on Card _____ Card No. _____

Exp. Date _____ Signature _____

Direct Debit — Charge \$ _____ Monthly / Once

Account Holder's Name _____

Financial Institution _____ Branch Name _____

Acct. Type _____ Routing No. _____ Acct. No. _____

Please contact me about giving through a bequest, retirement account, tax rollovers, or donor advised funds.

Why do you choose to give back to Children's? _____



PLEASE TURN IN YOUR DONATION FORM to UPMC Children's Hospital Foundation,
One Children's Hospital Drive, 4401 Penn Ave, Pittsburgh, PA 15224-1342



QUESTIONS? Contact chpcares@chp.edu or 412-692-3900