



Mia, Heart Institute Patient

**DONOR INFORMATION**

Name: \_\_\_\_\_  
 Employee ID Number: \_\_\_\_\_  
 Cost Center: \_\_\_\_\_ Department: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**GIFT INFORMATION**

**Payroll Deduction** — I authorize the following amount to be deducted per pay:

**Bi-weekly Deductions (26 pays/year)**

- \$38.47 per pay (\$1,000.22/year)
- \$10 per pay (\$260/year)
- \$5 per pay (\$130/year)
- \$2 per pay (\$52/year)
- OTHER \$ \_\_\_\_\_ per pay

**One-time Payroll Deduction:** \$ \_\_\_\_\_

**Check Enclosed** (payable to Children's Hospital of Pittsburgh Foundation)

**Credit Card** — Please charge my:

- VISA    MC    Disc    AMEX

Card no. \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

\$ \_\_\_\_\_    monthly    once

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

**Anonymous Donation** — I wish to NOT have my name listed in any donor recognition materials.

**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.*

**Gift Designation:**

Children's Hospital Fund

Other \_\_\_\_\_

*If you choose not to direct your donation, your gift will be applied to the Children's Hospital Fund.*

**Additional Information:**

In Honor/In Memory of:

**To donate online, visit [givetochildren.org/EC](http://givetochildren.org/EC).**

**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**