



Madison,
Neurology
Patient

DONOR INFORMATION

Name: _____

Employee ID: _____ Department: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

GIFT AND METHOD OF PAYMENT

Please visit givetochildren.org/ec to make a secure online donation to the campaign.

Payroll Deduction — Please pick one:

- UPMC Children's Hospital of Pittsburgh
- 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 share why you choose to give back to Children's: _____

Please turn in your donation form to Children's Hospital of Pittsburgh Foundation, c/o PNC Bank, PO Box 535240, Pittsburgh, PA 15253-9926.

Contact Chelsea Makarewicz with any questions: chelsea.makarewicz@chp.edu or 412-692-3920