



Madison,
Neurology
Patient

DONOR INFORMATION

Name: _____

Employee ID: _____ Division: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

GIFT AND METHOD OF PAYMENT

Please visit givetochildrens.org/medstaff to make a secure online donation to the campaign.

Payroll Deduction — Please pick one:

University of Pittsburgh UPP (University of Pittsburgh Physicians)

Children's Community Pediatrics

\$ _____ (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 Rachel McCune with any questions: rachel.mccune@chp.edu or 412-692-3945