

# YES! I would like to help provide the best care for our kids.



Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Donor or company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Email Phone

This address is my:  home  business

## I would like my donation directed to:

Area of greatest need  Other \_\_\_\_\_

Please credit my Children's Hospital Associate/Affiliate group:  
\_\_\_\_\_

Enclosed is my matching gift form.

Please contact me about planned giving.

Children's Hospital L.A. is included in my will/trust.

## Has anyone in your family received care at Children's Hospital L.A.?

Child  Grandchild  Self  Other \_\_\_\_\_

This gift is in  honor of  memory of:

\_\_\_\_\_  
Name

## Please notify (gift amount will not be disclosed):\*

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Donor or company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Email

I would like to make a gift of \$ \_\_\_\_\_

Enclosed is my check payable to Children's Hospital Los Angeles.

## Charge my credit card:

VISA  Mastercard  American Express  Discover

\_\_\_\_\_  
Name as appears on card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp. date

## Please mail this completed form to:

Children's Hospital Los Angeles  
4650 Sunset Blvd., #29  
Los Angeles, CA 90027

*\*Your name and mailing address will be shared with the person(s) you designate to honor for gift acknowledgement purposes. If you DO NOT wish Children's Hospital Los Angeles to share your personal information, or if you have any questions about our privacy practices, please contact Donor Services at 323-361-3850 or donorservices@chla.usc.edu.*