



Event ID: 528 Event Name: Support our Mission

- I would like to make a general donation to the event
- I would like to make a donation to a participant
Participant Name: 25668
- I would like to make a donation to a team
Team Name: _____

Donate Now

Thank you for downloading this form from our website to send in your gift to Children's National Medical Center. Please complete, enclose your payment, and send to:

Children's Hospital Foundation
801 Roeder Road
Suite 300
Silver Spring, MD 20910

By supporting Children's National, you are joining us in giving kids happy, healthy childhoods. If you have any questions about making a donation, please contact the Foundation office (301) 565-8500 and ask to speak to a member of our gift processing team.

Make your gift:

Selected Gift Amount:

\$25 \$50 \$100 \$250 \$500 Other (indicate amount: \$_____)

Donor Information

Title: _____
 First Name: _____
 Last Name: _____
 Company Name: _____
 Street: _____
 Apt/Suite/Other: _____
 City: _____
 State: _____ Zip Code: _____
 Country: _____
 Email: _____
 Home Phone: _____
 Date of Birth*: _____

Payment Type

Check (payable to Children's Hospital Foundation)
 Credit Card (indicate type):
 Visa American Express Discover Mastercard
 Card Number: _____
 CW Number: _____ Exp. Date: _____
 Name on card: _____

Donor Information will be used as Billing Information, if you are making your gift with a Credit Card

One time or Recurring (# of months _____)

*Why do we ask for this?: As a policy, the Children's Hospital Foundation works to limit communications to anyone under 18 years of age. Providing this information will permit us to better communicate with you, while respecting the privacy of our donors and their families.