



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: 32866

_____ 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.