



Event ID: 522 Event Name: Neuroscience & Behavioral Medicine

- I would like to make a general donation to the event
- I would like to make a donation to a participant  
Participant Name: 8926
- 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: \_\_\_\_\_  
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 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.