

I WOULD LIKE TO SUPPORT THE CHILDREN'S HOSPITAL:

- ☐ One Time Gift: \$ _____
- ☐ Recurring monthly gift of \$ _____, ending on _____

DONOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT DETAILS:

Please designate my gift to:

- ☐ The Children's Hospital General Fund
- ☐ Neonatal Intensive Care Unit
- ☐ Pediatric Hematology/Oncology Unit
- ☐ Pediatric Intensive Care Unit
- ☐ Other: _____

I would like to make my gift ☐ In Honor of: ☐ In Memory of:

Name: _____

Please Notify: _____

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT OPTIONS:

- ☐ Check (payable to Saint Peter's Foundation)
- ☐ Credit: ☐ AMEX ☐ MC ☐ VISA ☐ DISCOVER
- Name on Card: _____
- CC#: _____
- EXP: _____ CCV: _____

- ☐ I would like to learn more about including Saint Peter's in my will/estate plans.
- ☐ I have already included Saint Peter's in my estate plans.