

## 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  
 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.