

Prefer to donate online? Visit:  
childrenscoloradofoundation.org/medstaffgiving



## Medical Staff Donation Form

NAME(S)

MAILING ADDRESS

PHONE  EMAIL

Monthly Donation (credit card or bank withdrawal) \$ \_\_\_\_\_ per month

Credit Card (fill out form at bottom)

Automatic Checking/Savings Account Debit (attach a voided check/deposit slip and sign below)

## One-time Donation

Amount \$ \_\_\_\_\_

Check enclosed (made payable to Children's Colorado Foundation)

Credit Card (fill out form at bottom)

## Multi-Year Pledge

I/We choose to support Courage is...The Campaign to Transform Children's Health for Children's Hospital Colorado by making a total pledge of: \_\_\_\_\_ with payments of \_\_\_\_\_ for \_\_\_\_\_ years.

## Credit Card Information

Card Type:  Visa  MC  Amex  Discover

Credit Card Number: \_\_\_\_\_

Credit Card Exp \_\_\_\_\_ Security Code (three digit code on back of card for Visa, MC and Discover): \_\_\_\_\_

Signature (by signing I give the Foundation permission to charge my credit card)

X \_\_\_\_\_

### GIFT IS TO BE USED FOR:

Children's Colorado's Children's Fund (*unrestricted to help meet the hospital's greatest needs*)

A specific program fund of my choice:

### RECOGNITION:

Please publicly acknowledge this gift to encourage support from others and list my/our name(s) in the following manner:

Do not publicly acknowledge this gift

If you would like to make your gift in memory or in honor of an individual, please fill in the following information:

This gift is in \_\_\_\_\_ of:

Notification should be sent to: (Name)

(Address)

I/we have also included Children's Hospital Colorado in our estate plans