



**Children's Hospital Colorado
Foundation**

Offline Donation Form

Donations to support Children's Hospital Colorado are deductible as a charitable gift.

You will receive a receipt from Children's Hospital Colorado Foundation for your donation.

Please make any checks out to Children's Hospital Colorado Foundation.

Donor Information

I have made a donation to Children's Hospital Colorado in the past

Mr. Mrs. Ms. Miss Dr. Other _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State/ZIP _____

Email _____ Telephone _____

Help us reduce mailing costs by providing your email address. Children's Hospital Colorado Foundation will not share your name with other organizations. By giving us your email address, you are OPTING IN to receive email from the Foundation. You may opt out any time by calling 720-777-1700. Please provide your phone number in case we have a question about your gift.

Gift Information

I wish to make a one-time donation of \$ _____ check enclosed credit card (details below)

I wish to make a monthly* donation of \$ _____ via my:

You may cancel your monthly gift at any time by calling 720-777-1700.

bank account (please included voided check or deposit slip)

credit card (details below)

Charge my donation to my credit card:

Visa MC American Express Discover

Card # _____

Exp (month/year) _____ Security code on back of card _____

Signature _____

Please designate my gift to:

Where it is most needed

The following program at Children's Colorado: _____

My gift is in honor of someone or a special occasion:

In memory of: _____

In honor of: _____

Please send a notice of my gift honoring another person to:

Please include my name on the notification as: _____

Name _____ Relationship to honoree _____

Mailing Address _____

City _____ State/ZIP _____

Print and complete this form.

Send completed form to Children's Hospital Colorado Foundation, P.O. Box 5585, Denver, CO 80217-5585; or FAX to 720-777-1799. Questions? Call 720-777-1700.

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