



Children's Hospital
of Wisconsin®

A member of Children's Hospital and Health System.



Pledge Form

Help me raise money for the kids!

I am participating in a fund-raising project to benefit *Children's Hospital of Wisconsin*. One hundred percent of your gift or pledge enables Children's Hospital to purchase new equipment, conduct research, provide training for staff and health education for parents and children. Each year more than 200,000 visits are made to Children's Hospital. The hospital serves children and families from all parts of Wisconsin, northern Illinois, Michigan's Upper Peninsula and beyond.

Please pledge your support today.

Name _____

School/Organization/Company Name _____

Address _____

City _____ State _____ ZIP _____

NAME	PHONE	FLAT AMT.	AMT. PER JUMP, MILE, ETC.	TOTAL COLLECTED
<i>My personal pledge</i>				
TOTAL PLEDGES COLLECTED				