

## Donate to Children's Hospital of Wisconsin



Kids deserve the best.

To mail in your donation, please:

- 1) Print out this form
- 2) Fill out the form
- 3) Mail it, along with your check (if you are not paying by credit card) to the following address:

**Children's Hospital of Wisconsin Foundation  
MS 3050  
P.O. Box 1997  
Milwaukee, WI 53201**

Please select a donation amount:

- \$50.00
- \$100.00
- \$250.00
- \$500.00
- \$2,000.00
- Other amount:

Gift type:

- One-time gift
- Recurring gift

If recurring, please fill out the following info:

Monthly  
For how long? \_\_\_\_\_

Annually  
For how long? \_\_\_\_\_

Yes, I would like to make this donation anonymously

Please continue to the next page.

Yes, this is an honor or memorial gift

**Honor gift type:**

In Memory of

In Honor of

Honoree name: \_\_\_\_\_

Notification recipient name: \_\_\_\_\_

Notification recipient street 1: \_\_\_\_\_

Notification recipient street 2: \_\_\_\_\_

Notification recipient city: \_\_\_\_\_

Notification recipient State: \_\_\_\_\_

Notification recipient ZIP: \_\_\_\_\_

**Estate planning:**

Yes, I have already included Children's in my estate plan.

Yes, I would like information on supporting Children's after my lifetime.

**Billing information:**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/province: \_\_\_\_\_

**Please continue to the next page.**

ZIP/postal code: \_\_\_\_\_

County: \_\_\_\_\_

Email address: \_\_\_\_\_

Yes, I would like to receive communication from this organization.

**Payment information:**

**Credit card type (if paying by credit card):**

**Circle One:** VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV (3 digits on back of card): \_\_\_\_\_

**Please mail this form and your check (if not paying by credit card) to:**

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