



Make a Gift by Mail to the Children's Hospital of Michigan

Your contribution will help support the Children's Hospital of Michigan's programs and services. To make a charitable donation to the Children's Hospital of Michigan, please complete and mail the form below.

Enclosed is my gift to the Children's Hospital of Michigan

\$25 \$50 \$100 \$250 \$500 other \$ _____

Gift Designation

Use my gift where most needed. Other _____

Donor Information

Title _____ First Name _____ Last Name _____ Suffix _____

Company Name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Phone Number _____ E-mail Address _____

Payment Information

Check (Make check payable to Children's Hospital of Michigan)

Securities (Please call (313) 993-8815)

MasterCard Visa

Credit Card Information

Name as it Appears on Card _____

Credit Card Number _____

CVV Number _____ Expiration Date _____

(Security code on back of card)



This gift is in tribute

In memory of _____

In honor of _____

On the occasion of _____

Please Notify

Title _____ First Name _____ Last Name _____ Suffix _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Phone Number _____ E-mail Address _____

Relationship to the tribute recipient _____
(i.e. mother, child, spouse, etc.)

I would like to receive e-mail communications from the Children's Hospital of Michigan.

Please send completed form with donation to:

Children's Hospital of Michigan
Development Office – PDM
3901 Beaubien, Detroit, MI 48201
(313) 993-8815