

American Family Children's Hospital

Donation Form

ENCLOSED IS MY/OUR \$ _____ CONTRIBUTION IN SUPPORT OF THE AMERICAN FAMILY CHILDREN'S HOSPITAL.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my check, payable to American Family Children's Hospital.

Please charge my credit card. Please check card type: Mastercard Visa American Express Discover

Card number _____ Exp. date _____

Signature _____

I request my gift go to the following fund:

- Greatest Need Fund
- Child Health Advocacy Fund
- Child Life Fund
- Fund for Care Innovation
- Patient and Family Fund
- Research Fund

My company will match this gift; company form enclosed.

THIS GIFT IS MADE:

In honor of _____

In memory of _____

PLEASE SEND NOTIFICATION OF MY GIFT TO:

Name _____

Address _____

City _____ State _____ Zip _____

If you wish to make several contributions to honor more than one person, please enclose a list of their names and addresses on a separate sheet of paper.

For more information, please call (608) 264-KIDS.

Please mail your donation with this form to:

American Family Children's Hospital

Attn: Colleen Fraser

1675 Highland Ave.

Madison, WI 53792-9945

UW **Health**
American Family
Children's Hospital