



YES! I want to support hospitalized children in my community.

Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Gift Information

I would like to pledge \$_____ per month for the next 12 months.

Signature required for pledge _____

I would like to make a one-time gift of \$_____

This is a memorial gift in memory of: _____

This is a gift in honor of: _____

I work for a matching gift company. Company Name: _____

Please direct my donation in the following way (please select one):

- Neonatal Intensive Care Unit (NICU) Child Life Program
- Pediatric Intensive Care Unit (PICU) Children's Blood Disorders and Cancer Unit
- Children's Hospital Therapy Center Music Therapy/School Teacher

Payment Information:

- Enclosed is my check made payable to **MU Children's Hospital**
- Enclosed is my Payroll Deduction form (if an employee of the University of Missouri)
- I wish to make my gift by credit card: Mastercard VISA Discover AMEX

Card # _____ Expiration Date _____

Signature _____