



Children's Hospital

University of Missouri Health Care



**Children's
Miracle Network
Hospitals**
Helping Local Kids

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 Child Life Program
- Patient and Family Assistance Breast Feeding Support
- Children's Hospital Therapy Center Children's Hospital's greatest need

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 _____

Please send more information related to:

- McAlester Gift Society Estate Planning Naming Opportunities Volunteering
- Sharing my Hospital Experience

Children's Hospital Development, One Hospital Drive, DC066.00, Columbia, MO 65201~(573) 882-0488