



## Donate Now

Thank you for giving the gift of health to children of the Pacific Northwest. To make a donation, please fill out and print this form. Fax it to us at (206) 987-4845, or mail the completed form with your donation to:

Seattle Children's Hospital Foundation  
M/S S-200  
P.O. Box 5371  
Seattle, WA 98145-5005

**I want to donate:** \$ \_\_\_\_\_

### My Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

### Payment Information

Check enclosed

Credit Card:

VISA

Mastercard

American Express

Discover

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\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Billing Address (if different from above)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Signature

The next page allows you to designate your gift to your area of choice.

**I want my gift to go to:**

- Children's greatest needs
- Uncompensated care
- Research Discovery Fund
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Add guild name to receive guild credit (optional)

**My Donation Is:**

- In memory
- In honor
- A special occasion

\_\_\_\_\_  
Name(s) of honoree or occasion

**Send card to:**

(We do not share the amount you donate)

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Personal Message

**Thank you!**

If you have general questions, please call 206-987-2153 or email us at [askus@seattlechildrens.org](mailto:askus@seattlechildrens.org).