



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.