



# NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.<sup>SM</sup>*

When you give to Nationwide Children's Hospital, you are giving the gift of hope. More than one million children receive lifesaving care at Nationwide Children's every year. Each and every child deserves the chance for a healthy future. Your gift will help make that a reality.

**When mailing this donation form, please send it to the following address:**

*Nationwide Children Hospital Foundation  
P.O. Box 16810  
Columbus, OH 43216-6810*

For a personal gift, complete this section

For a business/organization gift, complete this section

Prefix (Mr., Mrs., Ms., Dr., etc.) \_\_\_\_\_

Org Name \_\_\_\_\_

First Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

\_\_\_\_\_

Suffix (Jr., III, M.D., ): \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Gift Amount:** \_\_\_\_\_

**This gift is a:**  One-time Gift

Recurring, Monthly Gift

Please designate my gift to the following program(s):

Begin Recurring gift on: \_\_\_\_\_

Date

**Memorial or Special Occasion Gift Information:**

In memory of: \_\_\_\_\_

**Please Notify the following person of my gift:**

In honor of: \_\_\_\_\_

Name: \_\_\_\_\_

Other Occasion: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Contributions to Nationwide Children's Hospital Foundation are tax deductible to the extent allowed under IRS guidelines.

For more information, please call us at (614) 355-5400.