



# NATIONWIDE CHILDREN'S®

*When your child needs a hospital, everything matters.*

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's Hospital Foundation  
P.O. Box 16810  
Columbus, OH 43216-6810*

For a personal gift, complete this section

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

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

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

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

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

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

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

**Memorial or Special Occasion Gift Information:**

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

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

For a business or organization gift, complete this section

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

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

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

This gift is a:  One-time Gift  
 Recurring, Monthly Gift

Begin Recurring gift on:     /    /      
Date

**Please Notify the Following Person of My Gift:**

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

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

City, State, Zip: \_\_\_\_\_