



CHILDREN'S
HOSPITAL

The Kids Fund

*Please print, complete this form, and mail to:
Children's Hospital, Development Office, 200 Henry Clay Avenue, New Orleans, LA 70118*

I would like to make a gift of \$ _____

to the Kids Fund of Children's Hospital.

Please Charge \$ _____ (amount of gift to my)

Visa

Mastercard

American Express

Discover

Account No. _____

Expiration _____

Name as it appears on credit card _____

This gift is from _____

Address _____

City/State/Zip _____

Phone (area code) _____

The hospital may may not list my name in its Small World acknowledgment.

Thank you for Helping Us, Help Kids!