



CHILDREN'S
HOSPITAL

Memorial Gift Form

*Please print, complete this form, and mail to:
Children's Hospital, Development Office, 200 Henry Clay Avenue, New Orleans, LA 70118
(or fax to Development Office at 504/896-3964)*

Name of deceased _____

Acknowledge to _____

Address _____

City/State/Zip _____

Relationship to deceased _____

Donor _____

Address _____

City/State/Zip _____

Acknowledge as a gift from _____

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

Visa Mastercard American Express Discover

Account No. _____

Expiration _____

Name as it appears on credit card _____

Signature _____

Thank you for Helping Us, Help Kids!