

Please accept my gift to the  
Children's Hospital New Orleans  
**Kids Fund** for \$ \_\_\_\_\_



**Children's Hospital**  
New Orleans  
LCMC Health

## Donor information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

## Payment

Enclosed, please find my check for \$ \_\_\_\_\_ made payable to Children's Hospital.

Please charge \$ \_\_\_\_\_ to my



Give online at [chnola.org/givenow](https://chnola.org/givenow)

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CW (Security code): \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email for receipt: \_\_\_\_\_

**I would like to renew this gift: (credit card only)**

Annually  Monthly

## Return form

**By mail:** Children's Hospital New Orleans  
Office of Development  
200 Henry Clay Ave.  
New Orleans, LA 70118

**By Fax:** 504.896.3964

### Matching gifts:

I have enclosed a matching gift form from my employer

### Legacy gifts:

- I've included Children's Hospital New Orleans in my will
- I am interested in including Children's Hospital New Orleans in my estate planning

**Thank you for helping us help kids!** The Kids Fund helps our area of greatest need and has the maximum impact. Because of you, Children's Hospital New Orleans can continue to provide extraordinary care to every child, regardless of their family's ability to pay.