



The Kids Fund

I would like to make a gift of \$ _____
to the Kids Fund at Children's Hospital.

PAYMENT

☐ Enclosed, please find my check for \$ _____ (amount of gift) made payable to Children's Hospital.

☐ Please charge \$ _____ (amount of gift) to my

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card number: _____

Expiration date: _____

Name as it appears on card: _____

Signature: _____ Date: _____

This gift is from _____

Address _____

City/State/Zip _____

Email _____

Phone () _____ - _____

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

The hospital ☐ may ☐ may not add my email address to their email list.

RETURN FORM

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

By Fax: 504-896-3964

Thank you for Helping Us, Help Kids!