



Children's
of Alabama®

CHILDREN'S OF ALABAMA DONATION FORM

Mr. / Mrs. / Dr. / Ms. / Miss / Other _____
First Name(s) _____ Mi _____ Last Name _____
Home Address _____ Apt # _____
City _____ State _____ Zip _____
Daytime Phone () _____ Email _____

GIFT AND PAYMENT METHOD

\$25 \$50 \$100 \$250 \$500 OTHER _____

My check is enclosed and made payable to Children's of Alabama

Please charge my: VISA MasterCard Discover American Express

Name on Card: _____

Card # _____

Exp. Date: _____ Signature: _____

HONOR/MEMORIAL GIFT

My gift is in honor of in memory of :

_____ Occasion: _____

Please send a letter of acknowledgement to: Mr. / Mrs. / Dr. / Ms. / Other _____

First Name(s) _____ Mi _____ Last Name _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone () _____ Email _____

ADDITIONAL INFORMATION

I have included Children's of Alabama in my estate plan.

Please have a representative contact me about how I can include Children's of Alabama in my estate plan.

If you have questions or would like additional information, please call Children's of Alabama at 205.638.9183.

Please complete and send to:
Alabama Children's Hospital Foundation
1600 7th Avenue South
Birmingham, AL 35233