



MAKING A GIFT TO CHILDREN'S HOSPITAL OF ORANGE COUNTY

THANK YOU FOR YOUR INTEREST IN MAKING A GIFT TO SUPPORT CHOC AND CHOC AT MISSION. Your contribution will allow us to provide the best available care to our community's children. Honoring or celebrating the life of a loved one, with a thoughtful gift, will also in turn, make a difference in the lives of children at CHOC.

DONOR INFORMATION

Name _____ Mr. Mrs. Ms.
Address _____
City _____ State _____ Zip _____
Phone (____) _____ E-Mail: _____
Company Name _____

GIFT INFORMATION

I would like to give: \$ _____
Please make check payable to CHOC Foundation for Children
Please charge my gift to: M/C VISA AMEX
Name on card _____
Card No. _____
Signature _____ Exp. Date _____ / _____

Many employers will match charitable donations. Try a free look-up of matching gift companies at matchinggifts.com/chochospital. If a program is available, please include the appropriate form with your contribution. To donate online please visit choc.org. All gifts are tax deductible.

- I would like to remain anonymous.
 I am considering leaving CHOC in my will or estate plan. Please send me more information.

TRIBUTE GIFT

This gift is: In memory In honor Other: _____
Of: (name) _____
Please notify: Name: _____
Address: _____ City, St, Zip: _____

MAY WE CONTACT YOU?

- YES, please give me additional opportunities to support Children's Hospital of Orange County. Add me to your mailing list to receive publications, appeals for support and event invitations.
 No, thank you, I'd rather not receive mailings from Children's Hospital of Orange County at this time.

Thank you! Your gift is greatly appreciated!