



Thank you very much for your donation to Le Bonheur Children's Medical Center.

Please complete the form below and return it to the Foundation Department.

Mail to: P.O. Box 41817

Fax to: (901) 287-5999

Memphis, TN 38174-1817

Donor Information

(*) Required Fields

*Salutation _____ *First Name _____ *Last Name _____

Business Name _____

The name you would like published in Le Bonheur Publications

_____ Check here if you would like your gift to remain anonymous.

*Address 1 _____

Address 2 _____

*City _____ *State _____ *Zip _____

*Daytime Phone Number (_____) _____ - _____

Evening Phone number (_____) _____ - _____

*Email Address _____

Donation Information

Donation Amount: _____

Please Select a Gift Type:

- One Time Gift
- Monthly Pledge
- Quarterly Pledge
- Semi-Annual Pledge
- Annual Pledge

I would like my donation directed to: _____

Please choose from one of the following programs:

- | | | | |
|--------------------------------------|--|-----------------------------|--------------------------|
| • Building campaign | • Emergency Department | • Neurology | • Sickle cell/Hematology |
| • Allergy/Asthma | • Emergency transport (air and ground) | • Nursing education program | • Surgery |
| • Audiology/Speech | • Epilepsy/Seizure disorders | • Ophthalmology | • Transplant |
| • Child abuse care and prevention | • Heart program | • Orthopedics | • Uncompensated care |
| • Child Life | • HIV program | • Parent Resource Center | • Urology |
| • Critical care | • Injury prevention | • Pulmonary | |
| • Diabetes | • Kidney disease | • Rehabilitation | |
| • Early childhood development (LEAD) | • Medical equipment | • Research | |
| | | • Rheumatology | |



Billing Information

Please make checks payable to: Le Bonheur Foundation

Credit Card Type (please check):

- Visa
- Mastercard
- Discover
- American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card _____

Memorial/Honor Gift Information

This donation is in

- Honor
- Memory

Of _____

Acknowledgement should be sent to

Address 1 _____

Address 2 _____

*City _____ *State _____ *Zip _____

Acknowledgement Sent From

*Signature _____ *Date _____

Please mail or fax your completed form to the Foundation Department.

Mail to: P.O. Box 41817

Fax to: (901) 287-5999

Memphis, TN 38174-1817