

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Enclosed is my gift to the Lucile Packard Children's Fund:

If you wish to designate your gift to an area other than the Children's Fund, please indicate here:

One-time Gift: \$1,000 \$750 \$500 \$250 \$100 Other: _____

Monthly Gift*: _____

*By signing below, you authorize LPFCH to automatically process your gift as a secure credit card or direct debit transaction during the first week of each month (please include account information below). We will continue to process your monthly gifts until you ask to discontinue your participation, which you can do at any time by calling 650-497-8141. I HAVE READ, UNDERSTOOD, AND ACCEPT THIS AGREEMENT:

Signature: _____

I am making my gift by:

- Check (payable to Lucile Packard Foundation for Children's Health)
 Securities (Please call 650-497-8141)
 Credit card: Mastercard Visa Discover American Express
 Direct debit (available only for Monthly Giving Program)

Credit Card Information:

Account Number: _____ Exp. Date: _____

Authorized Signature: _____

Print Name: _____

Direct Debit Information: (please call if you need assistance locating your routing/account numbers: 650-497-8141)

Financial Institution: _____ Branch Name: _____

Routing Number: _____ Account Number: _____

Optional:

My gift will be matched by my employer: _____

Please enclose matching gift form.

This contribution is:

In memory of: _____

In honor of: _____

Please send notification of my contribution to: (no amount is mentioned)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to receive information about:

- Touring Lucile Packard Children's Hospital Hosting a third-party event
 Bequests and other planned gifts Joining a hospital auxiliary

Please send form to:

Lucile Packard Foundation for Children's Health, 400 Hamilton Ave., Suite 340, Palo Alto, CA 94301
Attn: Development Services