



# Make A Difference Today

My tax-deductible gift of \$ \_\_\_\_\_ is enclosed to improve the quality of health care for children.

## Giving Levels per year:

- |  |  |
|--|--|
| <input type="checkbox"/> Champion: \$2,000 and above | <input type="checkbox"/> Challenger: \$100 - \$499 |
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Name \_\_\_\_\_

Address \_\_\_\_\_


City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_

- My gift may be eligible for match by my employer. Please call me.
- Please contact me about a Rememberance Gift.
- Please contact me about an Estate Planning Gift.

Please mail your check or include credit card information to:

 Children's Hospital Foundation  
800 Research Parkway, Suite 150  
Oklahoma City, OK 73104