

*The  
Campaign for  
Children's*

Hold a hand that holds the future.

# Pledge Form

## Yes, I want to be a Champion for Children!

Please accept my donation designated to The Campaign for Children's.

Name \_\_\_\_\_

Company \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please print your name(s) as you would like it to appear on donor recognition.

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**Please accept this pledge of \$ \_\_\_\_\_ to be paid as follows:**

Individual payments of \$ \_\_\_\_\_ monthly/quarterly/semi-annually/annually for 3 years beginning on \_\_\_\_\_ (date).

Full amount enclosed \$ \_\_\_\_\_ (please make check payable to: **Children's Hospital Central California Foundation**)

Please bill my credit card: \_\_\_Master Card \_\_\_Visa \_\_\_Discover \_\_\_AMEX

Card number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For gifts of stock or other questions, please call the Foundation (559) 353-7100.

**Tax ID# 94-2797447**

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### Additional Instructions:

Children's Hospital Central California Foundation  
9300 Valley Children's Place  
Madera, CA 93636-8762  
559.353.7100

Children's  
Hospital  
Central California   
*Amazing People. Incredible Care.*

