

# Donation Form

**Please send this form to:**  
C.S. Mott Children's Hospital  
University of Michigan Health System  
300 N. Ingalls, Room NI4D06  
Ann Arbor, MI 48109-5475  
Fax: 734-936-0151

## Donation Type

➤ Enclosed is my gift of \$ \_\_\_\_\_  
or

➤ Please accept my pledge in the amount of \$ \_\_\_\_\_  
To be paid  Monthly  Quarterly  Semi-Annually  Annually  
 Other \_\_\_\_\_

Enclosed is my initial payment of \$ \_\_\_\_\_

I would like my gift to support (please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital Construction Fund (209900) | <input type="checkbox"/> Pediatric Surgical Services (308818)   |
| <input type="checkbox"/> Children's Programs (212560)  | <input type="checkbox"/> Gas Card Distribution Program (307875) |
| <input type="checkbox"/> Children's Research Fund (307399)   | <input type="checkbox"/> Artwork for New Hospitals (210125)     |
| <input type="checkbox"/> Child and Family Life (318568)  | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Save a Heart/ Congenital Heart Center (212762)  |   |

(If no designation is made, your gift will be used for the area of greatest need)

## Payment Information

Check made payable to University of Michigan C.S. Mott Children's Hospital

Please charge gift to my credit card

Select credit card type: MasterCard      Visa      AMEX      Discover

Name as it appears on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Signature (required for all credit card payments) \_\_\_\_\_

Payroll Deduction for UMHS Employees:

Employee ID #: \_\_\_\_\_

Deduction of: \$ \_\_\_\_\_ per month      Number of months \_\_\_\_\_ (5 month maximum)

Beginning Month \_\_\_\_\_ Year \_\_\_\_\_ (\$ .50 charge/month)

Signature \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

- This gift in honor of \_\_\_\_\_  
 This gift in memory of \_\_\_\_\_  
 This donation is from a Kids helping Kids project

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send me information about including U-M C.S. Mott Children's Hospital in my estate plans

Questions? Please contact the Children's and Women's Health Development Team at 734-763-9370 or send an e-mail to [mott-development@med.umich.edu](mailto:mott-development@med.umich.edu).