



My Donation for Kids

I want to help support Northwest kids! Please mark the square corresponding to your donation. Using the information at the bottom of the page, please print out this form and fax or mail it to Children's Hospital Guild Association.

We thank you very much for your support and help, and the kids thank you too!!

| | | | | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> \$500.00 | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$10.00 | <input type="checkbox"/> other \$ _____ |
|------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------------|

** Donations are a tax-deductible contribution to Children's Hospital on behalf of the donor and can **not** be used for registration fees for Children's Ride. **

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Choose the following payment options (Make Personal Check Payable to: **The Imagine Guild):**

Personal _____ American _____
 Check: _____ MasterCard: _____ Visa: _____ Discover: _____ Express: _____

Credit Card Account #: _____ Exp. Date: _____

Signature: _____ Date: _____

Email: wendy.funicello@seattlechildrens.org

URL: www.childrens-ride.com

Children's Hospital Guild Association- M/S S-200
P.O. Box 5371
Seattle, WA 98145
Fax to: 206-987-4845