



ChildrensHospitalLosAngeles

International Leader in Pediatrics

CHILDREN'S FUND 100 PLEDGE FORM

Name: _____

Address: _____

City, State Zip: _____

Yes, we want to become visionary supporters of Childrens Hospital Los Angeles by becoming Children's Fund 100 members at the following level:

\$100,000

\$250,000

\$500,000

Please mark one of the following:

This commitment will be fulfilled in a single installment.

This commitment will be fulfilled over a period of ____ years beginning _____, _____.
(month) (year)

The payment schedule is as follows:

\$ _____ by date of _____

\$ _____ by date of _____

\$ _____ by date of _____

\$ _____ by date of _____

\$ _____ by date of _____

Please remind us of the pledge payments:

Annually

Quarterly

Monthly

Please mark one of the following:

We will make our installment/s by way of check*.

Please charge our installment/s according to the payment schedule to my:

Visa

Mastercard

American Express

Discover

Account #: _____

Expiration Date: _____

Name on Card: _____

***Please make checks payable to Childrens Hospital Los Angeles**

List our names on any official or public recognition as follows:

(print clearly inside box)

Signature

Date

If you have questions about Children's Fund 100, please contact Jenny Davidson at (323) 361-1741.
Fax completed forms to Ms. Davidson's attention at (323) 361-3852
or mail to Childrens Hospital Los Angeles, Attn: Jenny Davidson 4650 Sunset Blvd. #29, Los Angeles, CA 90027
Childrens Hospital Los Angeles Federal Tax ID Number: 95-1690977

Thank you for your support!