



CHILDREN'S FUND STATEMENT OF INTENT

I/We want to join others who support Children's Hospital Los Angeles (CHLA) by pledging a gift of \$_____ for the mission of Children's Hospital Los Angeles (CHLA), to be used where most needed. I/We acknowledge our gift entitles us to membership in the Children's Fund and all the recognition and benefits thereof commensurate with the amount of my/our gift.

I/We wish to join the Children's Fund at the following level:

- | | |
|---|---|
| <input type="checkbox"/> Visionary
\$1 million or more | This commitment will be paid over a period of _____ years beginning _____(month), _____ (year). |
| <input type="checkbox"/> Partner
\$500,000 or more | \$ _____ payable with this pledge |
| <input type="checkbox"/> Second Century 200
\$100,000 or more to First Families and
\$100,000 or more to Children's Fund 100 | \$ _____ by date of: _____ |
| <input type="checkbox"/> Children's Fund 100 or First Families
\$100,000 or more | \$ _____ by date of: _____ |
| <input type="checkbox"/> Advocate
\$25,000 or more | \$ _____ by date of: _____ |

Please remind us of the pledge payments: _____ annually _____ quarterly _____ monthly

Any unpaid portion of this pledge should be considered a debt of my estate. Please note that regulations prohibit the use of a donor advised fund to satisfy a pledge.

Please recognize this gift in appropriate listings and publications as follows:

Please charge this gift payable with my pledge and future pledge payments to:

Visa/Mastercard Card Number _____ Expiration Date _____
(circle one)

Our gift can be matched by: _____

(Please enclose matching gift forms or information necessary for the Children's Hospital Los Angeles Foundation to acquire these forms.)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Signature(s): _____

Date: _____

Please make checks payable to Children's Hospital Los Angeles. Our mailing address is:
Children's Hospital Los Angeles, 4650 Sunset Blvd., #29, Los Angeles, CA 90027.
This statement may be signed and faxed to (323) 361-8655
Gifts of appreciated securities may offer significant tax advantages.
For further information on such gifts, please call *Leslie Nafie* (323) 361-4146. Thank you.

Children's Hospital Los Angeles Federal Tax ID Number: 95-1690977