



El Paso Children's HOSPITAL FOUNDATION



Printable Donation Form

If you would prefer to mail your gift rather than giving online, please mail the completed form along with your gift to:

El Paso Children's Hospital Foundation
303 N. Oregon, Suite 1200
El Paso, Texas 79901

Please complete the following information:

Name of Donor: _____ Ph. Number: _____
Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____

If Applicable:

This donation is on behalf of an organization: _____
_____ My employer will match my gift. *If so, please enclose your employer's completed gift form.*

Gift Details:

I would like to make a gift in the amount of \$ _____.

_____ One-Time
_____ Monthly _____ # of Months

Payment Method: _____ Check Enclosed* _____ Cash Enclosed _____ Credit Card
Credit Card Type: _____ Visa _____ MasterCard _____ American Express _____ Other

Credit Card #: _____ Expiration Date: _____ / _____
Name on Card: _____ Security #: _____
Billing Address (if different from above): _____ City: _____
State: _____ Zip: _____ Signature: _____

(Required for all credit card charges)

*Make checks payable to: EPCH Foundation of El Paso

I would like for my gift to support: (Please select one of the following below. If paying by check, please indicate where you would like the funds to go by writing it on the check memo line.)

_____ Area of Greatest Need _____ Crime Victims _____ Healing Arts
_____ Borderless Giving _____ Cure Kids Cancer _____ Trauma
_____ Children's Miracle Network _____ Pediatric Diabetes Education _____ Neuro/Cardio



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This is a Tribute Gift:

In honor of _____

In memory of _____

Name of Person: _____

If you would like us to notify someone of your thoughtful gift, please provide the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Your relationship to honoree: _____

____ Please contact me with more information about El Paso Children's Hospital Foundation.

Thank you for your support!

B. Abigail Tarango, Ph.D.
Executive Director

El Paso Children's Hospital Foundation
303 N. Oregon, Suite 1200
El Paso, Texas 79901

o. 915.521.7229

El Paso Children's Hospital Foundation is a charitable 501(C)(3).
For questions, please contact us at 915-521-7229.