DONATION FORM

chili's Presents

Benefiting Norton Children's Hospital

Please mail this form with your donation to:
Clip for Kids
c/o Children's Hospital Foundation
234 E. Gray St., Suite 450, Louisville, KY 40202
Or donate online at **ClipForKids.org**

_____
Name of participant you are sponsoring

INSTRUCTIONS

- Each check must be accompanied by a separate donation form.
- All donations are 100 percent tax deductible.
- If you donate $10 or more, you will receive a tax receipt in the mail.
- Check to see if your employer offers a program to match your donation.
- Please do not alter this form.

For more information about Norton Children's Hospital, visit **NortonChildrens.com**. To register or for more information about Chili's® Clip for Kids, visit **ClipForKids.org** or call **(502) 629-8060**.

Privacy notice: We respect your privacy. We do not trade, rent or sell the names of our donors. You may opt out of our mailing list at any time by contacting **(502) 629-8060**.

PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE DONATION RECEIPT.

First name _____ Last name _____

Company name (for business donations) _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

❑ **No, I would not like to receive information from the Children's Hospital Foundation or Norton Children's Hospital.**

DONATION AMOUNT Every dollar helps beat childhood cancer in our community.

❑ $1,000 ❑ $500 ❑ $100 ❑ $50 ❑ $25 ❑ Other: _____

❑ I would like to make _____ monthly donations of $ _____ beginning on the date of receipt of this form. (Monthly payments must be a credit card transaction of $25 or more per month.)

❑ I do not want the amount of my gift to be shown on the participant's online listing of donors.

❑ I do not want my name to appear as a donor on the Chili's® Clip for Kids website.

❑ Check enclosed (made payable to Clip for Kids). Include the participant's name on your check.

❑ Credit card ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Card number: _____ Exp. date: _____

If you are making a monthly donation, your statement will read "Children's Hospital Foundation."

Signature: _____ Date: _____

Donations are nonrefundable and nontransferable. Thank you for your support!

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