

DONATION FORM

chili's
Presents



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.

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First name															Last name														
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Company name (for business donations)																													
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Address																													
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City										State										ZIP									
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<input type="checkbox"/> 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!