



Official Donation Form

Thank you for making a donation to Rady Children's Hospital – San Diego!

I would like to support:

Participant Name: _____

Team Name: _____

My Donation Amount:

\$25 \$50 \$100 Other \$ _____

My Information:

First Name Last Name

Address

City State Zip Daytime Phone

Company Name

Email Address

Payment Method:

- Enclosed is a check made payable to Rady Children's Hospital Foundation
- Charge my credit card (indicate card type) Visa MasterCard American Express

Credit Card Number Expiration Date (MM/YY) CVV Code

Cardholder's Signature Date

Return this completed form with your donation to:
Rady Children's Hospital Foundation
Attn: Miracle Makers
3020 Children's Way, MC 5005, San Diego, CA 92123
Rady's Children's Hospital Tax ID Number: 33-0170626