



Dayton Children's Thanks You For Your Tribute Gift

Name _____

Address _____

City State Zip _____

Phone Number _____

Email _____

Company _____

Checks payable to: Dayton Children's

Gift Amount: ___ \$1,000 ___ \$500 ___ \$250 ___ \$125 ___ \$50 Other _____

Charge my gift to: Visa /MasterCard /Discover /American Express

Account Number _____

Exp. Date: _____

Exact Name on Card _____

Signature _____

Please use my gift for: Area of Greatest Need

Other: _____

This gift is sent: In memory of: _____

In honor of: _____

for: _____

Please notify the following person(s) of my gift (but not the amount):

Name _____

Address _____

City State Zip _____

All gifts are tax-deductible.

Visit www.childrensdayton.org to make a secure online donation.

For questions, contact the development office at 937-641-3405.

PRINT THIS FORM AND MAIL TO:

***Dayton Children's
One Children's Plaza
Dayton, OH 45404***