



**California Hospital
Medical Center Foundation**
A member of CHW

**California Hospital Medical
Center Foundation**
1401 S. Grand Ave.
Los Angeles, CA 90015
213.742-5866 phone
213.742-5875 fax

Donation Form

I would like to donate (*circle one*): \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____

I would like to designate my gift to:

- Use where it is most needed
- Leavey Trauma Center
- J. Thomas McCarthy Center for Emergency Services
- Hope Street Family Center
- Donald P. Loker Cancer Center
- Women's and Children's Services

Donor information:

Your Name _____

Address _____

City, State, Zip _____

Email _____ Phone _____

If you are making this gift in memory or in honor of someone, please complete the following:

- This donation is made (*circle one*) in memory of / in honor of: _____
 - Please send gift notification to (*enter name and address*): _____
- _____

Method of Payment:

- I've enclosed a check payable to CHMC Foundation (*please mail your check and this form to the address above*).
- Charge my credit card:

- Visa
- MasterCard
- American Express

Card Number _____ Exp. Date _____

Name on Credit Card (please print) _____

Signature _____

*Gifts are tax deductible to the extent provided by law.
California Hospital Medical Center Foundation is a 501(c)(3) nonprofit organization. Federal Tax ID: 95-4000909.*

THANK YOU FOR YOUR SUPPORT!