



Contribution Form

Yes! I want to support the charitable endeavors of CDH Foundation. Enclosed is my gift of:
\$ _____

Name (Please print as you wish to appear in donor listings.)

Address

City State Zip Code

Phone Number E-Mail Address

Giving Option: Please direct my gift to:

- | | |
|--|--|
| <input type="checkbox"/> Where Needed Most | <input type="checkbox"/> Neurosciences |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Home Care |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Other _____ |

Giving Option: This gift is being made:

- In memory of: _____
- In honor of: _____

Send acknowledgement of memorial/honorary gift to:

Name

Address

City State Zip Code

I have enclosed a check made payable to "CDH Foundation".

Please charge my credit card:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> VISA | Cardholder Name (please print): _____ |
| <input type="checkbox"/> MasterCard | Card #: _____ Expiration Date: ____ / ____ |
| <input type="checkbox"/> Discover | Cardholder Signature: _____ |
| <input type="checkbox"/> AmEx | Date: _____ |

Enclosed is a Matching Gift Form from my employer.

I/We wish to remain anonymous. Please do not include my name in any public donor listing.

Please return form to:

CDH Foundation • 27W353 Jewell Road • Winfield, IL 60190
Phone: 630-933-GIVE (4483) • FAX: 630-933-1883 • www.CDHHealthFoundation.org

CDH Foundation is a 501(c)(3) nonprofit corporation. All gifts are tax-deductible to the full extent of the law.