



Official Donation Form

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

I would like to support:

Event Name: Celebration of Champions

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: Celebration of Champions
 3020 Children's Way, MC 5005, San Diego, CA 92123
 Rady's Children's Hospital Tax ID Number: 33-0170626