



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**I / we would like to donate \$ \_\_\_\_\_ to Akron Children's Hospital.**

- Please use my/our gift in the area of greatest need for the Akron Children's Hospital or
- I / we would like to designate my gift to the following Fund or Department:

\_\_\_\_\_

**My gift above to be paid as follows:**

- \$ \_\_\_\_\_ Check payable to Akron Children's Hospital Foundation (enclosed)
- \$ \_\_\_\_\_ Credit Card donation divided:
  - Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_
  - Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_
  - Signature \_\_\_\_\_ Date \_\_\_\_\_
- \$ \_\_\_\_\_ Payroll Deduction
  - \$ \_\_\_\_\_ One Time Donation
  - \$ \_\_\_\_\_ Per pay donation x 26 pays (subject to change depending on when pledge is made)
  - Employee Number: \_\_\_\_\_
  - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this form to:  
Akron Children's Hospital Foundation  
One Perkins Square, Akron, Ohio

If you have any questions or would like additional information, please contact Erin Yoder, Direct Response Specialist at 330-543-8037 or eyoder@akronchildrens.org

**For Development Use Only:**

Entered by: \_\_\_\_\_  
Date to payroll: \_\_\_\_\_

**For Payroll Use Only:**

Entered by: \_\_\_\_\_  
Date entered into system: \_\_\_\_\_