



- Donations to Highrollers with Heart support **The Children’s Hospital** and are deductible as a charitable gift.
- You will receive a receipt from The Children's Hospital Foundation for your donation.

[www.highrollerswithheart.org](http://www.highrollerswithheart.org)

**Donor Information**

Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel \_\_\_\_\_

I want to be recognized on the Highrollers with Heart Website as: \_\_\_\_\_

My gift is a tribute:

In Honor of: \_\_\_\_\_  In Memory of: \_\_\_\_\_

Please send notice of my tribute gift to:

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I have made a donation to The Children’s Hospital in the past

**Gift Information**

I wish to make a donation of \$: \_\_\_\_\_

Check or Money Order to **TCHF** enclosed  Credit Card (see info below)

Credit Card Information:  Visa  MC  American Express  Discover

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**Print and send this form to The Children’s Hospital Foundation, PO Box 5585, Denver, CO 80217-5585 FAX 720.917.1799**

**Questions for The Children's Hospital Foundation?**

720.917.1700 / info@tchfden.org / [www.imaginemiracles.org](http://www.imaginemiracles.org)