

Children's Miracle Network Donation Form

Enclosed is my donation for Children's Miracle Network at Geisinger:

- \$25 \$50 \$100 \$250
- \$12 x 12 (*\$12 per month for 12 months — credit card only*)
- \$25 x 12 (*\$25 per month for 12 months — credit card only*)
- Other



Name _____

Address _____

Phone _____ E-mail _____

HONORARY/MEMORIAL INFORMATION (if applicable)

In honor of OR In memory of _____

Please send notification of tribute gift to _____

Payment by Check or money order (made payable to "Geisinger Health System Foundation")

MasterCard Visa Discover American Express

Card number _____

Expiration date _____ Signature _____

**Mail completed form with payment to Children's Miracle Network at Geisinger
100 North Academy Avenue, Danville, PA 17822-5020.**

The official registration and financial information of GHSF may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. A person may obtain from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271, a copy of the last annual report filed by GHSF with the attorney general. GHSF will also provide, upon request, a description of the programs and activities for which it has requested contributions. GHSF may from time to time make contributions to other charitable organizations and, upon request, will provide a list of all such organizations which have received contributions from GHSF during the past twelve months.