

# 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*)



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 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 Foundation"*)

Mastercard     Visa     Discover     American Express

Card Number \_\_\_\_\_

Exp. 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 Geisinger Health Foundation (GHF) 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 GHF with the attorney general. GHF will also provide, upon request, a description of the programs and activities for which it has requested contributions. GHF 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 GHF during the past twelve months.