

# *Pasadena Guild* OF CHILDREN'S HOSPITAL

*Your generous support will allow future generations of children to live healthier and happier lives. We are grateful for your donation.*

The Pasadena Guild has a long and important history of support for Children's Hospital, Los Angeles. For more than 70 years, the Pasadena Guild has raised millions of dollars for endowments and projects to advance medical research, resulting in improved treatments for patients at Children's Hospital. Our current project is the endowment of the Pasadena Guild Chair for the Pediatrician-in-Chief, Senior Vice President of Academic Affairs at Children's Hospital of Los Angeles. Our new chair endows a vital leadership role at CHLA, as well as provides critical funding for the *only* worldwide clinical trial designed to create lifesaving protocols for children with pediatric heart failure and pediatric heart transplantation needs. The Guild is pleased to endow this significant chair supporting the primary leadership of Children's Hospital Los Angeles as well as revolutionary pediatric heart research.

## **1. GIFT TYPE: (please check one)**

- General
- In Honor of: \_\_\_\_\_
- In Memory of: \_\_\_\_\_

**YOUR GIFT AMOUNT:** \_\_\_\_\_

**COMMENTS (optional):**

## **2. YOUR INFORMATION**

### **Your Affiliation: (please check one)**

- Member
- Friend
- Debutante Parents
- Debutante Grandparents
- Past Debutante Family
- Ball Guest
- Escort/Stag Donation
- Other: (please explain) \_\_\_\_\_

### **Your Name:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

Would you like to send notification of this gift? (\_\_\_\_ Yes, \_\_\_\_ No)

If yes is selected:

Please list where gift notification should be sent:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_

### 3. PAYMENT DETAILS

#### CHOOSE A PAYMENT TYPE:

- \_\_\_ Credit Card
- \_\_\_ Check

*If credit card is selected, then please include the information as follows (Note: a 3% processing fee applies for the use of credit cards):*

#### YOUR FULL NAME AS IT APPEARS ON YOUR CREDIT CARD:

- Name (as it appears on your credit card): \_\_\_\_\_
- Billing Address (if different from mailing address): \_\_\_\_\_
- \_\_\_\_\_
- Credit Card # \_\_\_\_\_
- Exp Date: \_\_\_\_\_
- CVC Code: \_\_\_\_\_

The Pasadena Guild appreciates your generous donation of \$\_\_\_\_\_.

If you prefer to pay by check, please make your check out to the Pasadena Guild of CHLA, include this form and mail to:

The Pasadena Guild of Children's Hospital  
Post Office Box 51101  
Pasadena, CA 91115

**Thank you!! A tax-deductible letter will be sent to verify your generosity.**