

Donation form

growing

loving

special

lasting

touching

precious



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL FOUNDATION



Fund Name		<i>Robert Matthew Carroll-Stamp Shining Star Fund</i>	
Your Name		<i>Matthew Stamp</i>	
Your Relationship To This Person		<i>Father</i>	
Address			
City		State	Zip Code
<i>10244 Arrow Rte Apt 108</i>		<i>California</i>	
Phone		E-mail	
<i>91730</i>			

You may wish to photocopy this donation Form and circulate it to other people.

Monthly Gift

To help support the work of Loma Linda University Children's Hospital Foundation and as a contribution to this Fund, I will make a tax-deductible contribution each month for the following amount (minimum \$5.00):

\$10
 \$15
 \$20
 \$25
 \$50
 \$100
 Other \$_____

AUTOMATIC CREDIT/DEBIT CARD. I authorize Loma Linda University Children's Hospital Foundation to charge my credit card each month for the amount noted above according to the terms of agreement below.

Visa
 MasterCard
 American Express
 Discover

Card No. Expiration date

Name of cardholder

Signature Date signed

OR At present I would prefer to make a Single Gift of: \$ _____

I enclose my (please check box) Check Money Order made payable to *Shining Star Fund*.

OR Please charge my: Visa MasterCard American Express Discover

Card No. Expiration date

Name of cardholder

Signature Date signed

TERMS OF AGREEMENT: My authorization to charge my credit card or transfer my monthly pledge amount from my bank account shall remain in effect until I notify Loma Linda University Children's Hospital Foundation in writing that I wish to end this agreement and Loma Linda University Children's Hospital Foundation has had a reasonable time to act on it. A record of each payment will be included on my monthly bank or credit card statement and will serve as my receipt.

Please return this form to:
Loma Linda University Children's Hospital Foundation, 11175 Mountain View Avenue, Suite A, Loma Linda, CA 92354

Keep this receipt for your records. Thank you for your help.

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Amount per month \$ _____ Date signed _____

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