



The American Foundation for Saint George Hospital, Inc.

Monthly and Annual Pledge Donation Form

*Indicates a required field

I would like to donate the following amount:

*\$50 \$100 \$250 \$500 \$1,000 Other _____

*Every _____ month(s) for _____ months or Every _____ year for _____ years

*Please send me a reminder by: email mail phone fax

I would like my donation to be earmarked for:

The Children's Hospital The Children's Endowment Fund
The Regional Center of Excellence for Child Development As needed

My company or my spouse's company will match my gift. I will mail you the appropriate form from the company's personnel office:

Yes No

Preferred Title* _____ First Name(s)* _____

Last Name* _____ Middle Initial or Middle Name _____

Organization _____

Mailing Address* _____

City* _____ State* _____ Zip Code* _____ Phone _____

Email _____ (Required if you need a credit card receipt by email)

I do not want to receive email updates I wish to remain anonymous

If Donating by Check

Please complete this form, print and mail it with your check payable to The American Foundation for Saint George Hospital or AFSGH to the address printed at the bottom of this form.

If Donating by Credit Card, please complete the following:

American Express MasterCard Visa Discover

Credit Card Number* _____ Expiration Date *(mm/yy) _____

Name on the Card* _____

Billing Address _____ Check here if same as mailing address

Billing Address *(if different than mailing address) _____

City* _____ State* _____ Zip Code* _____

You may mail, fax, phone or email this form using the contact information below:

The American Foundation for Saint George Hospital, Inc. - P.O. Box 2285 - Fairfax, VA 22031-0285

Phone: 703-385-2182 - Fax: 703-385-2183

info@stgeorgefoundation.org