



MEMBERSHIP FORM
2017

DATE: _____

I/we are pleased to join the Phoenix Children's Hospital Leadership Circle at the following level:

- checkbox \$1,000 checkbox \$2,500 checkbox \$5,000 checkbox \$7,500 checkbox \$10,000 checkbox other _____

ONE TIME PAYMENT TYPE:

- checkbox Check (Check# _____) please make check payable to Phoenix Children's Foundation/Leadership Circle
checkbox Credit Card (complete information below OR attached charge slip)

Recurring Payment: if you would like to make recurring pledge payments please contact us.

DONOR INFORMATION:

Name _____

Address _____

City, State, Zip _____

Phone Number: (____) _____ checkbox Home checkbox Business checkbox Mobile

Email: _____

- checkbox I prefer to receive information from Phoenix Children's Hospital Foundation via email

AMOUNT: \$ _____
CREDIT CARD NUMBER: _____
EXPIRATION DATE: ____/____
NAME AS IT APPEARS ON CARD: _____
SIGNATURE: _____

- checkbox My company matches gifts
checkbox I am not sure if my company matches gifts, please check

Company Name: _____

For gift recognition purposes, please enter my/our name as indicated below:

For additional information about Leadership Circle, please contact Dana Jirauch at Djirauch@phoenixchildrens.com or 602.933.2680

- checkbox I have included Phoenix Children's Hospital in my estate plans or would consider doing so

If you would like to be removed from our mailing list, please email foundation@phoenixchildrens.com or call (602) 933-4483