



MILES THAT MATTER 5K – OFFLINE DONATION FORM

- I would like to make a general donation to the event
- I would like to make a donation to a participant

Participant Name: _____

- I would like to make a donation to a team

Team Name: _____

Every dollar you contribute to Phoenix Children’s has a direct impact on our children and their families. Your generosity makes it possible for us to offer the very best medical specialists, cutting-edge technology, and family-friendly services to our community. Thank you for investing in Phoenix Children’s life-saving work! If you have any questions, please call the Foundation office at (602)933-4483 to speak to a member of our team.

Please complete, enclose with your payment, and send to:

Phoenix Children’s Hospital Foundation
Attn: MTM 5K
2929 E. Camelback Rd. Suite 122
Phoenix, AZ 85016

Select gift amount: \$25 \$50 \$100 \$250 \$500

Other (Please indicate amount \$_____)

Donor Information:

Title: _____

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Phone Number: _____

Payment Information:

Check (payable to Phoenix Children’s Foundation)

Credit Card

Visa *American Express* *Discover*

Mastercard

Card Number: _____

CSC #: _____ *Exp. Date:* _____

Name on card: _____

Signature: (must be hand-signed in order to process payment)
