



**Special Instructions** 

Thank you for your gift. Your generosity helps advance TB1Fund's mission of brightening days for patients and families at MHealth Fairview Masonic Children's Hospital.

## **Giving Method**

This donation will be paid to **TB1 Fund** in the following manner:

- O One-time gift in the amount of \$
- O Monthly: Please charge my credit card or bill me \$

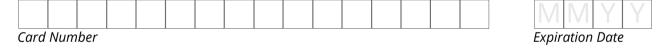
per month.

## **Payment Method**

O Personal Check made payable to TB1 Fund is enclosed (one-time gifts)

**Credit Card** (one-time gifts or ongoing monthly gifts)





## **Donor Information**

Please acknowledge and credit the gift in the following way:

Name			
Address			
City		State	Zip Code
Phone	Email		
c:			
Signature			Date
This gift is and	onymous		