



Children's Hospital
New Orleans
LCMC Health

Honor Gift Form

Name of honoree and occasion _____

Acknowledge to _____

Address _____

City/State/Zip _____

Relationship to deceased _____

Donor name _____

Address _____

City/State/Zip _____

Phone () _____ - _____

Email _____

Acknowledge as a gift from _____

Payment

Enclosed, please find my check for \$ _____ (amount of gift) made payable to Children's Hospital.

Please charge \$ _____ (amount of gift) to my

Visa MasterCard American Express Discover

Card number: _____

Expiration date: _____ CVW (Security Code): _____

Name as it appears on card: _____

Signature: _____ Date: _____

Return Form

By mail: Children's Hospital New Orleans
Office of Development
200 Henry Clay Ave.
New Orleans, LA 70118

By Fax: 504.896.3964

Thank you for helping us, help kids!