

Las Madrin

DONATION BY CHECK FORM

In support of the current **Las Madrin** endowment, I would like to make a tax-deductible gift in the amount of \$ _____.

Please mail your check and this form to: Las Madrin, P.O. Box 80378, City of Industry, CA 91716-8378

If you would like your gift to honor a Debutante, a Las Madrin member, family member or a special friend of Las Madrin, please indicate below.

This gift is in honor of:

- Debutante(s) _____

- Las Madrin Member(s) _____

- Friend(s) _____

This gift is in memory of: _____

Please send notification of this gift to (not required for Las Madrin Members or Debutantes):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Donor Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

**Thank you for supporting Las Madrin and Children's Hospital Los Angeles.
Las Madrin is a qualified 501(c)(3) organization, Tax I.D. #95-1959907.**