

Las Madrinas

DONATION BY CHECK FORM

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

Please mail your check and this form to: Las Madrinas, Department 6778, Los Angeles, California 90084-6778
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If you would like your gift to honor a Debutante, a Las Madrinas member, family member
or a special friend of Las Madrinas, please indicate below.

This gift is in honor of:

- Debutante(s) _____

- Las Madrinas
Member(s) _____

- Friend(s) _____

This gift is in memory of: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Thank you for supporting Las Madrinas and Children's Hospital Los Angeles.
Las Madrinas is a qualified 501-C3 organization, Tax I.D. #95-1959907.**