

UnitedHealthcare Children's Foundation Mail-in Donation Form

Donor Information

Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone _____ E-Mail Address _____

- Yes, I would like to be added to your e-mail list.
- Yes, I would like to be added to your mailing list.
- Yes, I would like to be listed as a contributor on your website.

We will not sell or misuse your personal information.

Gift Information

Enclosed is my tax-deductible gift of \$_____.
(Please make payable to *UnitedHealthcare Children's Foundation*)

Please charge my credit card for \$_____.
 Discover® Card MasterCard® VISA® American Express®

Credit card number _____ Expiration Date _____

Name on card _____

Signature _____



Memorial and Tribute Form (optional, please check one)

In Memory of: _____

Or

In Honor of: _____

Send Gift Notification to:

Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____



Please send your tax-deductible contribution to
UnitedHealthcare Children's Foundation
MN012-S286
PO Box 41
Minneapolis, MN 55440-0041
952-992-4459



The UnitedHealthcare Children's Foundation (Fed ID 52-2177891) is a Section 501(c)(3) tax-exempt organization under the Internal Revenue Code, and your contribution is deductible for Federal income tax purposes under Section 170(b)(1)(A)(vi) of the Code.