



Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I am providing an annual gift of \$ \_\_\_\_\_ to CVHN.

**Payment Method: Circle One**

I have enclosed a check for the full amount

Charge my credit card one time for the full amount

Charge my credit card Monthly

Debit my checking account Monthly (attach void check)

Credit card number \_\_\_\_\_ Card Type \_\_\_\_\_ Exp date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Children's Volunteer Health Network is a 501(c)3 nonprofit organization. Contributions are tax deductible to the extent of the law.  
Federal Tax ID# 20-3276365.