ACTION DAY DONOR PLEDGE FORM

Benefiting Children's Hospital LOS ANGELES

Please have checks made payable to **Children's Hospital Los Angeles** and include them with the completed form.

Sponsor's Name	Street Address	City	State	ZIP	Phone	Email	Gift Amount
John Jones (example)	1234 Main St.	Los Angeles	CA	90027	323-111-5555	jjones@yahoo.com	$50.00

Children's Hospital Los Angeles tax ID number: 95-1690977. Contributions are tax-deductible.

Total: $ _____