



A charitable fund of the American Academy of Pediatrics

# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Donation Form

Date: \_\_\_\_\_

AAP ID#: \_\_\_\_\_

Donor Name (print): \_\_\_\_\_

- Enclosed is my **cash** gift of \$\_\_\_\_\_
- Enclosed is my **check** for \$\_\_\_\_\_ made payable to: **AAP Friends of Children Fund.**
- Please **charge this one-time gift** of \$\_\_\_\_\_ to my:  **Amex**  **Discover**  **MasterCard**  **Visa**

I want to support the on-going efforts of AAP Friends of Children Fund as it helps to ensure children have optimal health and well-being. I would like to make an **automatic monthly gift** of \$\_\_\_\_\_.

Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please apply my gift to:

- Area of greatest need
- AAP program of my choice \_\_\_\_\_

Mail form with contribution to:

**American Academy of Pediatrics  
Development Lockbox  
PO Box 776437  
Chicago, IL 60677-6437**

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