

JOHN E. LEWY FOUNDATION FOR CHILDREN'S HEALTH CONTRIBUTION FORM

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DEPARTMENT _____

INSTITUTION/HOSPITAL _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ **EMAIL:** _____

Yes! Please accept my contribution of:

\$25 ____ \$50 ____ \$100 ____ Other \$ ____

____ Enclosed is my check made payable to the **John E. Lewy Foundation for Children's Health**

____ I prefer that my gift remain anonymous and my name not be included in the JELF or related publications

Please charge my contribution to my:

____ VISA Card ____ MasterCard ____ American Express

Account Number: _____ Expiration Date: _____

Signature **(Required)**: _____

- **DONATIONS OF \$250 OR MORE RECEIVE SPECIAL RECOGNITION**
- **GIFTS TO THE JOHN E. LEWY FOUNDATION FOR CHILDREN'S HEALTH ARE TAX DEDUCTIBLE AS ALLOWED BY LAW (EIN: 26-3829736)**

JOHN E. LEWY



**FOR CHILDREN'S
HEALTH**

FOUNDATION

Return to:

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for Children's Health
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