

Mail in Donation Form

Donor Information Name _____ Date Address _____ City _____ State____ Zip____ Phone Email **Gift Information** Enclosed is my tax-deductible gift of \$ Please make payable to UnitedHealthcare Children's Foundation **Memorial and Tribute Information (Optional)** In Memory of _____ Or In Honor of Send Gift Notification to: Name _____ Address ____ City _____ State____ Zip____

Please make payable to: UnitedHealthcare Children's Foundation PO BOX 860734 Minneapolis, MN 55486-0734 1-855-MY-UHCCF

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