

Donor Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

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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