

# Change for Children

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## Pledge Form

Student's School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor's Name	Address	Phone	Pledge Per ____	Flat Donation	Total Contribution

**Thank you for your support! Please make checks payable to Nationwide Children's Hospital**

Total number (books read, miles walked or rode, jumps, words spelled, etc.) completed: \_\_\_\_\_

Verified by: \_\_\_\_\_ *(volunteer or teacher initials)*

Total Pledge Amount Due: \$ \_\_\_\_\_

Total Flat Donation: \$ \_\_\_\_\_

*(for office use only)*

Total Amount Collected: \$ \_\_\_\_\_

Date Received: \$ \_\_\_\_\_



*Benefiting*  
**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*