



Miracle Jeans Day Remit Form

Thank you for being part of CHKD Miracle Jeans Day.

Please mail a check or money order to the hospital in the enclosed envelope (**CHKD, Development Department, 601 Children's Lane, Norfolk, VA 23507**). Complete the bottom of this form and include it with your gift. If you would like to place your gift on a credit card, please complete the information below or call (757) 668-7070.

If you have any questions, please contact us at (757) 668-7070. Thank you again for your participation.

Amount Collected \$

Name _____

Company _____

Address _____

City, State Zip _____

Work Phone _____ Mobile Phone _____

Email address _____

Enclosed is a check, made payable to CHKD.

Please charge my VISA, MasterCard, American Express or Discover (\$10 minimum)

Card # _____

Expiration Date _____ Security Code _____

Signature _____