

Sponsor Form

Running for a Change *runningforachange.com*

Please complete this form and mail with your check or credit card information to:

Blair E. Batson Hospital for Children
Attn. Public Affairs
2500 N. State Street
Jackson, MS 39216

Children's Hospital Foundation
1600 7th Ave. South
Birmingham, AL 35233

Name (First, Last): _____

Mailing Address: _____

City: _____ State: _____ Zip : _____

Amount Pledged: _____

In Memory/Honor of: _____

Payment Type: _____ (*Check or Credit Card*)

Check Number: _____

Credit Card Type: _____ (*M/C, Visa, etc.*)

Credit Card Number: _____

Security Code: _____ (*3 digit number on back of credit card*)

Card Expiration Date: _____ (*Month/Year*)

