



Please help us build a New Kitchen at the Diabetes Care Complex

Name: _____

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To Donate:

Please make your check payable to Children's Hospital Foundation \$ _____

Please charge my credit card \$ _____ American Express Visa MasterCard

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For more information or to donate contact:

Children's Hospital Tax ID # 52-1640402

Diana DellaVilla at Children's Hospital Foundation

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Silver Spring, MD 20910

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