



Thank you for helping kids defy the odds!

Your gift to Shriners Hospitals for Children will help a child receive expert specialty medical care and can also serve to commemorate a loved one, a friend, or an event. All commemorative gifts are acknowledged to the donor and to the honoree, or designated family member or friend (the amount of the gift is not mentioned).

Please mail completed forms to: Shriners Hospitals for Children, Office of Development
2900 Rocky Point Drive, Tampa, FL 33607. Credit card gifts can be faxed to (813) 281-7156.

Donor Information: (Please Print)

Mr. Mrs. Mr. & Mrs. Other: _____ Phone: (____) _____

Donor's Name: _____ Email: _____

Donor's Address: _____

City: _____ State: _____ Zip Code: _____

Is this the address where you receive your credit card bill? Yes No

If no, enter billing address here _____

I am a Shriner, please credit my Temple/Club Temple _____ Club _____

Please send me information about Shriners Hospitals' planned giving opportunities.

Gift Information:

I would like to make a gift of \$ _____. US\$ Other (credit card gifts must be in US\$)

This is a one-time gift. Please charge this amount **monthly** until _____ (date).

My gift is for Wherever it is most needed A specific hospital (list here) _____

Contribution Method:

My check is enclosed. **Please make check payable to Shriners Hospitals for Children.**

Please charge my credit card: MasterCard Visa American Express Discover

Name as it appears on Credit Card: _____

Credit Card Number: _____ CVV number* (see below): _____

Authorization Signature: _____ Expiration Date: _____

*The CVV is a 3 or 4 digit number on the back of most credit cards (it is on the front of the American Express card).

Would you like to receive your receipt by e-mail? (Credit cards donations only. Credit card information is NOT included). Yes No

Commemorative gifts:

In Memory of In Honor of Name: _____

Send gift notification to:

Name: _____

Their relationship to the deceased/honoree: _____

Address: _____

City: _____ State: _____ Zip: _____