



## Thank you for “Changing the World through Caring for Kids!”

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 for Children®'s 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 Expresscard).

**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 Code: \_\_\_\_\_