

\$35 contribution, \$40 or other amount \$_____.
Presented to the 2017-2018 First Lady, Anne Bergenske,
to benefit in utero research efforts of Shriners Hospitals for
Children® that will generate innovative treatments and give new
hope to patients and families.

*The appropriate value of goods/services received is \$8 for bead, \$12 for
necklace, \$16.95 - \$18.95 for tie, \$23 for bow tie. This amount is not tax
deductible.*

Contribution Made By: (Please Print)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

SHRINERS HOSPITALS FOR CHILDREN ARE DULY REGISTERED WITH THE STATE OF FLORIDA AS REQUIRED
BY ITS SOLICITATION OF CONTRIBUTION ACT. THEIR REGISTRATION NUMBER IS CH433. A COPY OF THE
OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION
OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION
DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.



Shriners Hospitals
for Children®

Please Mail: ☐ Received: ☐

- ☐ Handmade Necklace (\$35) Qty ____
Select Stone: ☐ Black Onyx ☐ Turquoise ☐ Multi-Flash Spectrolite
- ☐ Bracelet Bead (\$35) Qty ____
- ☐ Necktie (\$35) Qty ____ ☐ Bow Tie (\$40) Qty ____

☐ Check enclosed (Please make check payable to **SHRINERS HOSPITALS FOR CHILDREN**)

Credit Card Information:

Card Type: ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Credit Card Number

Security Code

Name of Cardholder

Expiration Date

Signature

Date

Mail to:

Shriners Hospitals for Children, PO Box 31356, Tampa, FL 33631-3356