



Your gift to Shriners Hospitals for Children® will help a child receive excellent specialty medical care. The donation can also commemorate a loved one, a friend, or an event. All donors and honorees (if address provided) will receive an acknowledgment letter.

Please mail completed forms to: **Shriners Hospitals for Children, Office of Development, 2900 Rocky Point Drive, Tampa, FL 33607.**

To make a donation online, please visit: **lovetotherescue.org.**

Donor Information (please print)

Mr. Ms. Mrs. Mr. & Mrs. Other: Name:

Billing Address:

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I am a Shriner, please credit my temple:

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

Please include me in email communications from Shriners Hospitals for Children.

Gift Information

I would like to make a gift of \$

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

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

Please charge my credit card: Mastercard Visa American Express Discover

This is a one-time gift Please charge this amount monthly on (enter day and month):

Name (as it appears on card):

Credit card number: CVV number: Expiration date:

Authorization signature:

Please process a direct debit (ACH) to my account: Checking Savings

(Please fill out account information below **or** send a voided check)

This is a one-time gift Please charge this amount monthly on (enter day and month):

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Routing number: Account number:

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Commemorative Gifts

In Memory of In Honor of: Name:

Send gift notification to: Name: Relationship to deceased/honoree:

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