

\$40 contribution, or other amount \$_____.
Presented to the 2019-2020 First Lady, Cheryl Sowder, to benefit
the Patient Ambassador program of Shriners Hospitals for Children®
that provides opportunities for patients who want to share their
experiences and raise the profile of our health care system.

*The appropriate value of goods/services received is \$10 for bead, \$21.95 for tie or
bow tie, \$9 for snap necklace. 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,
OR VISITING THE DEPARTMENT'S WEBSITE AT 800.HELPPFLA.COM. REGISTRATION DOES NOT IMPLY
ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.



Shriners Hospitals
for Children®



Please Mail: Received:

Bracelet Bead (\$40) Qty ___ Snap Necklace (\$40) Qty ___

Necktie (\$40) Qty ___ Necktie XL (\$40) Qty ___

Bow Tie Pre-tied (\$40) Qty ___ Bow Tie Freestyle (\$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, Attn: Pam Vatandoust
2900 Rocky Point Dr., Tampa, FL 33607**