



Shriners Hospitals for Children® is a health care system dedicated to improving the lives of children by providing pediatric specialty care to patients with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate - regardless of the families' ability to pay.

Please mail completed forms to: **Shriners Hospitals for Children, Processing Center, PO Box 863765, Orlando, FL 32886**

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

Donor Information (please print)

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

Billing Address:

City: State: Zip Code:

Phone: (.....) Email:

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 (please print)

I would like to make a gift of \$..... This is a one-time gift Please charge this amount monthly on (MM/DD):/.....

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

My donation is for a fundraiser. Fundraiser/Event Name:

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 card):

Credit Card Number: CVV number: Expiration Date (MM/YY):/.....

Authorization Signature:

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

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

Name on Account:

Name of Financial Institution: Address (city and state):

Routing Number: Account Number:

Authorization Signature:

Commemorative Gifts (please print)

In Memory of In Honor of: Name:

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

Address:

City: State: Zip Code: