Shriners Hospitals for Children®

*Thank you for **Sending Love to the rescue®!***

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:* .....

*If you know a child Shriners Hospitals for Children may be able to help, have their parent or guardian call **800-237-5055***
*or visit **shrinershospitalsforchildren.org/shc/refer-a-patient***