



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 947765, Atlanta, GA 30394**

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: .....