

25-Cars&Coffee

Title _____ First Name _____ MI _____ Last Name _____ Suffix _____
Address (billing) _____ City _____ State _____ Zip code _____
Home phone _____ Work phone _____ Email _____

One-Time Gift

I would like to make a one-time donation of: \$ _____

Check: Make payable to Nemours

Credit Card: Please fill out the section directly below

Become a "Children's Champion"

Make a monthly credit card gift of \$20 or more and support our kids all year long.

I would like to make a monthly donation of: \$ _____
for _____ months.

Please fill out the credit card section directly below

Credit Card Information (Please ensure you provide your billing address at the top of this form.)

MasterCard Visa American Express Discover

Credit card number _____ Exp. Date _____

Name as it appears on card _____ Signature _____

Designation

Nemours Children's Hospital, Delaware Child Life "Joy" Drive

Please return your form to:
Nemours Children's Health Alliance
Shands House
1600 Rockland Road
Wilmington, DE. 19803
P: 302-651-4828
F: 302-651-4487

The official registration and financial information of The Nemours Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

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 VIA THE INTERNET AT WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Our Registration number in the State of Florida is CH19215.

Nemours is a 501(c)(3) organization. Contributions are tax-deductible to the full extent of the law. Please retain a copy of this form for your records.