

Title First Name	MI Last Name		Suffix
Address (billing)	City	State	Zip code
Home phone Work phone	Email		
One-Time Gift	Become a "Ch	ildren's Ch	ampion"
I would like to make a one-time donation of: \$ Check: Make payable to Nemours	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.		
Credit Card: Please fill out the section directly below	Please fill out the credit card section directly below		
Credit Card Information (Please ensure you provide your billing a	address at the top of this form	.)	
🗆 MasterCard 🛛 Visa 🖓 American Express 🖓 Disc	over		
Credit card number	Exp. Date		
Name as it appears on card	Signature		
Tribute Information (Optional)			
I make this gift $\ \square$ in honor of $\ $ or $\ \square$ in memory of:			-
Please notify: Name	Relationship to Honoree		
Address:	Phone		
Designation (If you do not designate your gift, it will go to most urgen	t needs)		
🗆 Nemours Children's Hospital, Delaware	🗆 Nemours Children's Hospital, Florida		
□ Nemours Children's Jacksonville	Nemours Children's, Pensacola		
Please return your form	to one of the following loc	ations:	
Delaware: Orlando: Shands House 9145 Narcoossee Rd Ste 205 1600 Rockland Rd Orlando, FL 32827 Wilmington, DE 19803 P: 407-650-7050 P: 302-651-4828 F: 407-650-7035 F: 302-651-4487 F: 407-650-7035	Jacksonville 10140 Centurion Park Jacksonville, FL 3 P: 904-697-41 F: 904-697-41	way North 2256 03	Pensacola: 8331 N Davis Hwy Pensacola, FL 32514 P: 850-505-4797

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SER-VICES 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.