

GP_VER

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 _____

Tribute Information (Optional)

I make this gift in honor of or in memory of: _____

This Individual is A friend or loved one A Nemours Infinite Advocate (caregiver, nurse, or clinician)

Please notify: Name _____ Relationship to Honoree _____

Address: _____ Phone _____

Designation (If you do not designate your gift, it will go to most urgent needs)

- Nemours Children's Hospital, Delaware Nemours Children's Jacksonville Nemours Children's Hospital, Florida
 Nemours Children's, Pensacola

Please return your form to one of the following locations:

Delaware Valley
Shands House
1600 Rockland Road
Wilmington, DE. 19803
P: 302-651-4828
F: 302-651-4487

Orlando
9145 Narcoossee Rd Ste
205 Orlando, FL 32827
P: 407-650-7050 F: 407-
650-7035

Jacksonville
10140 Centurion Parkway North
Jacksonville, FL 32256
P: 904-697-4103 F: 904-697-4171

Pensacola
8331 N Davis Hwy
Pensacola, FL 32514
P: 850-505-4797

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.