



| Title First Name | MI Last Name | | Suffix |
|--|--|----------------------------|--|
| Address (billing) | City | State | Zip code |
| Home phone Work phone | Email | | |
| One-Time Gift | Become a "Ch | nildren's Ch | ampion" |
| □ I would like to make a one-time donation of: \$ | Make a monthly credit card gift of \$20 or more and support our kids all year long. | | |
| Check: Make payable to Nemours | | onation of: \$ | |
| 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 | address at the top of this form | 1.) | |
| ☐ MasterCard ☐ Visa ☐ American Express ☐ Disc | | | |
| 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 | it needs) | | |
| ☐ Nemours Children's Hospital, Delaware | Delaware Nemours Children's Hospital, Florida | | |
| □ Nemours Children's Jacksonville | ☐ Nemours Children's, Pensacola | | |
| | | | |
| Please return your form | to one of the following loo | cations: | |
| Delaware:Orlando:1600 Rockland Rd6900 Tavistock Lakes Blvd.Wilmington, DE 19803Suite 350 I Orlando, FL 32827P: 302-651-4828P: 407-650-7050F: 302-651-4487F: 407-650-7035 | Jacksonville 10140 Centurion Parl Jacksonville, FL P: 904-697-4 F: 904-697-4 | kway North 32256 103 | 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.