



**Shriners Hospitals
for Children®**
Love to the rescue.™

Shriners Hospitals Voluntary Annual Gift Campaign

By making an annual contribution to Shriners Hospitals for Children, you ensure our ability to provide the highest quality pediatric medical care- ***regardless of ability to pay.*** Join the society of your choice and receive a special pin as recognition of your generosity.

Bronze Society	Silver Society	Gold Society	Diamond Society
\$100-\$499	\$500-\$999	\$1000-\$2,499	\$2,500+
<i>Bronze Pin</i>	<i>Sterling Silver</i>	<i>10k Gold</i>	<i>10k Gold w/diamond</i>

If you have questions about the program, please call our home office development department at 800-241-4438 or email donorrelations@shrinenet.org.

YES, I'D LIKE TO MAKE AN ANNUAL COMMITMENT TO SHRINERS HOSPITALS FOR CHILDREN!

I would like to join the following society:

- Bronze* *Silver* *Gold* *Diamond*

Donor contact information:

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Method of contribution:

- My check is enclosed.
- Please charge my credit card:
- Visa MasterCard Discover American Express

Cardholder's Name (Please Print): _____

Cardholder's Signature: _____

Card Number: _____

CVV# (Required): _____ Expiration Date (Required): _____

Thank you for your support! Your pin should arrive within 2-4 weeks at the address listed above. Please mail this form along with your payment to: Shriners Hospitals for Children, 2900 N. Rocky Point Drive, Tampa, FL 33607.

SHRINERS HOSPITALS FOR CHILDREN ARE DULY REGISTERED WITH THE STATE OF FLORIDA AS REQUIRED BY ITS SOLICITOR CONTRIBUTIONS ACT. THEIR REGISTRATION NUMBER IS CH-433. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.