



Charitable Contribution Form

Donor Information		
FIRST NAME	MIDDLE INITIAL	LAST NAME
POSITION	COMPANY	
PHONE*	EMAIL*	
ADDRESS		
CITY, STATE ZIP		
SHRINE TEMPLE AND/OR CLUB		
<input type="checkbox"/> PLEASE SEND ME INFORMATION ABOUT PLANNED GIVING OPPORTUNITIES		

**Phone number and Email are required if making a gift using your credit card.*

Gift Information	
AMOUNT OF GIFT	DATE OF GIFT
<input type="checkbox"/> IN HONOR OF: <u>OR</u> <input type="checkbox"/> IN MEMORY OF: (PLEASE FILL IN THE PERSON'S NAME)	
PERSON TO BE NOTIFIED OF GIFT	YOUR RELATIONSHIP TO THE TRIBUTE
ADDRESS	
CITY, STATE ZIP	

Payment Information		
<input type="checkbox"/> CHECK ENCLOSED		
<input type="checkbox"/> MY COMPANY HAS A MATCHING GIFT PROGRAM		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER CARD	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
CREDIT CARD NUMBER	EXPIRATION DATE	CVV NUMBER**
NAME AS IT APPEARS ON CARD		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		
AUTHORIZATION SIGNATURE		

*** The CVV is a 3 or 4 digit number on the back of most credit cards (on the front if American Express).*

Mail from to: Shriners Hospitals for Children – Twin Cities, Development Office, 2025 East River Parkway, Minneapolis, MN 55415.

Shriners Hospitals for Children – Twin Cities is a qualified organization recognized under section 501(c)3 of the Internal Revenue Code. Gifts are tax-deductible to the extent allowed by law.