

OFFLINE DONATION FORM



Shriners Hospitals
for Children®
Love to the rescue!

THIS DONATION IS FOR (participant name or team name)

This gift is in honor of _____

Donor name(s) _____

Anonymous

GIFT AMOUNT

\$50 \$100 \$250 \$500 Other \$ _____

BILLING INFORMATION

Name _____

Street _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone Number _____

Email Address _____

PAYMENT INFORMATION

Credit Card Type Visa Discover American Express Master Card

Credit Card Number _____

CVV Number _____ Expiration Date _____

* If a cash donation is not received directly to Shriners Hospitals for Children by the donor, we cannot provide a tax acknowledgement.

Make checks payable to Shriners
Hospitals for Children and send
completed form to:
Shriners Hospitals for Children
2900 Rocky Point Dr.
Tampa, FL 33607

All donations are tax-deductible to the
fullest extent allowed by law.

Shriners Hospitals for Children - Sending your Love to the rescue®



DONATION SUBMISSIONS

Please use this form to track checks, cash and credit card donations you send.

PARTICIPANT NAME _____ Date _____

| | Donor recognition name <i>(can be anonymous)</i> | Billing address (address not needed if on check) | Email address and phone # | Payment info cash/check or CC #, exp date and CVV number | Gift amount |
|---|---|--|---------------------------|--|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

WHEN MAILING FORM PLEASE VERIFY THE FOLLOWING:

1. Participant's name is in the memo section on all checks; we suggest you make copies of the checks for your records.
2. Checks should be payable to Shriners Hospitals for Children; if check is made out to you, please endorse for deposit by Shriners Hospitals for Children.
3. You have included an expiration date and CVV for all credit cards.
4. You have provided donor email addresses or home address so Shriners Hospitals for Children can send them a tax receipt for their donation.
5. If you are sending a donation that is shared among several participants please note name and amount of credit per person.

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