

Title _____ First Name _____ MI _____ Last Name _____ Suffix _____
Address (billing) _____ City _____ State _____ Zip code _____
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 "Hospital Hero"

Have an ongoing impact by making a monthly credit card donation.

I would like to make a monthly donation of: \$ _____
(Please fill out the credit card section directly below)

What is a Hospital Hero? A Hospital Hero, or a sustaining donor, is someone who gives an auto-renewing monthly donation to Nemours. Sustainers choose the amount per month that they would like to give, and that donation is ongoing until you decide to change it or cancel it. Your sustaining gift will auto-renew at the end of a 12-month period. You can increase, decrease or stop your gift at any time by contacting the Nemours Fund For Children's Health during our regular business hours (M-F 8:30 am to 5:00 pm.) at 302.651.4828, or you can email us at giving@Nemours.org.

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 _____

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

Behavioral Health/Autism Program Cancer Research Cardiac Center Child Life Dept. Orthopedics
 Other _____

Tribute Information (Optional)

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

Please notify: Name _____ Relationship to Honoree _____

Address: _____ Phone _____

Please return your form to:
Shands House
1600 Rockland Rd
Wilmington, DE 19803
P: 302-651-4828
F: 302-651-4487