

Donation Form

Each gift is acknowledged to the donor and an appropriate card explaining the kind remembrance is sent to the family without indicating the amount of contribution.

Donor Name: _____

Address: _____

City/State/Zip _____

My gift is

In Memory of

In Honor of

Transportation Fund

Shriners Hospitals for Children

Building Fund

Please send an acknowledgement of my gift to:

Name: _____

Address: _____

City/State/Zip _____

Please make your check payable to:

❖ Sudan Shriners Children's Hospital Fund - *(This is Tax Deductible)*

❖ Sudan's Transportation Fund - *(This is Tax Deductible)*

❖ Sudan Shriners - Building Fund

Mail to:

Sudan Shriners

403 East Front St.

New Bern, NC 28560