

DAUGHTERS OF THE NILE – CANADIAN TRUSTEE FOUNDATION
THANK YOU FOR HELPING US HELP CHILDREN AT SHRINERS HOSPITALS!!

Your gift to the Daughters of the Nile – Canadian Trustee Foundation will help children receive expert specialty medical care.

Please mail to: Canadian Trustee, P O Box No 51544, 545 South Park Royal, West Vancouver, BC V7T 2X9

DONOR INFORMATION: (Please Print)

Mr. Mrs. Mr. & Mrs. Other: _____

Donor's Name: _____ Email: _____

Donor's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

GIFT:

Enclosed is my gift of \$ _____

This is a one-time gift This is a recurring gift Please charge this amount monthly until _____ (date).

My Gift is in Memory of _____

or in Honor of _____ Please

send acknowledgement to: (Name) _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

My gift is for Convalescent Endowment Fund Convalescent Relief Account (undesigned gifts will be added to the Convalescent Endowment Fund)

Stepping Stones to Happiness certificate (\$25) In Honor In Memory Contributor

CONTRIBUTION METHOD:

Enclosed is my check. (Please make check payable to Daughters of the Nile Foundation.)

I am a member of Daughters of the Nile, please credit my Temple:

Temple Name and Number _____

I am not a member but would like the following Temple to receive credit:

Temple Name and Number _____

Visit us on the web at www.daughtersofthenile.com