



THANK YOU FOR HELPING US HELP CHILDREN AT SHRINERS HOSPITALS!!

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

Please mail to: **Daughters of the Nile Foundation, 6705 Mesa Drive, Austin TX 78731-2817**

DONOR INFORMATION: (Please Print)

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

Donor's Name: _____ Email: _____

Donor's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

If donating by credit card, Is this the address where you receive your credit card bill? Yes No

If no, enter billing address here _____

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.)

Charge my credit card: MasterCard Visa American Express Discover

Name as it appears on Credit Card: _____

Credit Card Number: _____ CVV number* (see below): _____

Authorization Signature: _____ Expiration Date: _____

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 _____

Please send me information about the Daughters of the Nile Foundation.

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