



THANK YOU FOR HELPING US HELP CHILDREN AT SHRINERS HOSPITALS

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

Donor's Name: _____

Donor's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Credit Card Billing address same: _____ other: _____

Enclosed is my gift of \$_____ one time gift_____ Please charge this amount **monthly** _____

My Gift is in Memory Of: _____

My Gift is in Honor Of: _____

Please send acknowledgement to: _____

Address: _____ City, State, Zip Code: _____

My Gift is for _____ Convalescent Endowment Fund _____ Convalescent Relief Account

Stepping Stones to Happiness Certificate _____ Honor _____ Memory \$25, \$50, \$100

Enclosed is my check (made payable to the Daughters of the Nile Foundation) _____

Please charge my credit card: _____ MasterCard _____ Visa _____ AmEx _____ Discover

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

CVV number: _____ (code on back of card or AmEx code is on front of card)

Signature: _____

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

I am not a member: _____ Please send me information about Daughters of the Nile Foundation