



2026 Daughters of the Nile Foundation Donation Form

TEMPLE NAME AND NUMBER _____

PRINCESS RECORDER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

Please check here if this is a new address: _____

CONVALESCENT ENDOWMENT FUND \$ _____ CHECK# _____

CONVALESCENT RELIEF ACCOUNT \$ _____ CHECK# _____

HOLIDAY SHARING \$ _____ CEF OR CRA CHECK# _____

Donations to a specific Hospital (CRA) and Wish Item

HOSPITAL _____

WISH ITEM _____

TOTAL AMOUNT ENCLOSED \$ _____

CHECKS PAYABLE TO: DAUGHTERS OF THE NILE FOUNDATION

Send form and Checks to: DAUGHTERS OF THE NILE FOUNDATION

% Herbie Kay Lundquist

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