



Title First Name	MI Last Name	Suffix
Address (billing)	City	State Zip code
Home phone Work phone	Email	
One-Time Gift	Become a "Childr	en's Champion"
☐ I would like to make a one-time donation of: \$  Check: Make payable to Nemours  Credit Card: Please fill out the section directly below	kids all year long.    I would like to make a long month	d gift of \$15 or more and support our monthly donation of: \$hs.
Credit Card Information (Please ensure you provide your bill  ☐ MasterCard ☐ Visa ☐ American Express ☐ D  Credit card number  Name as it appears on card	iscover Exp. Date	
I make this gift □ in honor of or □ in memory of:		
Please notify: Name		
	Phone	
Designation (If you do not designate your gift, it will go to most un  ☐ Nemours/Alfred I. duPont Hospital for Children (Wilmington ☐ Nemours Children's Specialty Care, Jacksonville	on, Del.) 🗆 Nemours Children	n's Hospital (Orlando, Fla.) n's Specialty Care, Pensacola
Please return your f	orm to one of the following location	S:
Delaware:       Orlando:         1600 Rockland Rd       6900 Tavistock Lakes Blvd         Wilmington, DE 19803       Suite 350   Orlando, FL 328         P: 302-651-4828       P: 407-650-7050		Pensacola: 5153 N 9th Ave. Pensacola, FL 32504 P: 850-505-4797

The official registration and financial information of The Nemours Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

F: 302-651-4487

F: 904-697-4171

F: 850-473-4505

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