



Donation Form

Your gift will help a child and is tax deductible.

Each Memorial gift is acknowledged to the donor and an appropriate card explaining the kind remembrance is sent to the family without indicating the amount of contribution.

Donor Name: _____

Address: _____

City/State/Zip _____

My gift is

In Memory of

In Honor of

Transportation Fund

Please send an acknowledgement of my gift to:

Name: _____

Address: _____

City/State/Zip _____

Please make your check payable to:

Sudan Shriners Children's Hospital Fund or
Sudan's Transportation Fund

Mail to:

Sudan Shriners

P. O. Box 490

New Bern, NC 28563