



Title First Name	MI Last Name		Suffix
Address (billing)	City	State	Zip code
Home phone Work phone	Email _		
One-Time Gift	Become a "Chile	dren's Cha	ampion"
□ 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.	a monthly do	5 or more and support our nation of: \$
Credit Card Information (Please ensure you provide your ☐ MasterCard ☐ Visa ☐ American Express ☐ Credit card number	□ Discover Exp. Date		
Tribute Information (Optional)			
I make this gift \square in honor of or \square in memory of: $_$			
	Relationship to Honoree		
Address:	Phone		
Designation (If you do not designate your gift, it will go to mos	t urgent needs)		
□ Nemours/Alfred I. duPont Hospital for Children (Wilmington, Del.) □ Nemours Children's Hospital (Orlando, Fla.)		(Orlando, Fla.)	
☐ Nemours Children's Specialty Care, Jacksonville	□ Nemours Child	ren's Specialt	y Care, Pensacola
Please return you	ur form to one of the following locati	ions:	
Delaware: Orlando: 1600 Rockland Rd 6900 Tavistock Lakes I Wilmington, DE 19803 Suite 350 I Orlando, FL 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

F: 407-650-7035