

Please complete this form and return to:
 Nemours Fund for Children's Health
 Shands House
 1600 Rockland Road
 Wilmington, DE 19803
 or fax to 302-651-4487

Donation type (please check one option):

I want to make a single gift of \$ _____ I want to make a pledge of \$ _____

This pledge is to be paid in _____ quarterly monthly installments beginning on _____
number date

I want to build on Alfred I. duPont's tradition of giving with my annual gift of:
 \$10,000 or more Visionary Partner \$5,000 or more Cornerstone Partner \$2,500 or more Senior Partner
 \$1,000 or more Associate Partner Other \$ _____

Please designate my gift to: Wherever the need is greatest Alfred I. duPont Hospital for Children Nemours Children's Hospital
 Nemours BrightStart! Nemours Health & Prevention Services KidsHealth Nemours Children's Clinic-Wilm Biomedical Research
 Nemours Children's Clinic-JAX Nemours Children's Clinic-ORL Nemours Children's Clinic-PNS Nemours Cardiac Center
 Nemours Mansion & Gardens Other _____

Title _____ First Name _____ M.I. _____ Last Name _____ Suffix _____
(Mr., Mrs., Ms., Dr., etc.) (Jr., Sr., M.D., Ph.D., etc.)
 Spouse _____ Spouse _____
 Title _____ First Name _____ M.I. _____ Last Name _____ Spouse _____
(Mr., Mrs., Ms., Dr., etc.) (Jr., Sr., M.D., Ph.D., etc.)

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

E-mail Address: _____ Date _____

Cash/Check Gift I am contributing cash/check in the amount of \$ _____ (Please make checks payable to Nemours)

Please charge: \$ _____ to ___ MasterCard ___ Visa ___ American Express ___ Discover
 Credit card number: _____ Exp. Date: _____
 Signature: _____ Date: _____

Gift Information

I make this gift in memory of: _____ I make this gift in honor of: _____
 I choose not to dedicate this gift.

Honoree Address:
 Street _____ City _____ State _____ Zip _____

Who should be notified about your gift, and what is their relationship to your honoree?

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____

What is this person's relationship to your honoree? _____

Recognition Name Listing

Please indicate below whether or not you would like your name to be listed other than how it appears above. (First Name, Middle Initial, Last Name) (For the purposes of donor listings in such publications as annual reports, newsletters, or event programs.) Examples might be "Dr. and Mrs. John Jones", "Mr. and Mrs. John Jones", "Mr. and Mrs. John Jones and Family", or "John and Evelyn Jones".

Please list my name as it appears above. Please list my name as follows:
