



THANK YOU FOR HELPING US HELP CHILDREN AT SHRINERS HOSPITALS!!

Your gift to the Daughters of the Nile Foundation will help children receive expert specialty medical care.

Please mail to: **Daughters of the Nile Foundation, 411 Windsor Lane – Northwoods, New Braunfels, TX 78132-3837**

**DONOR INFORMATION: (Please Print)**

Mr.  Mrs.  Mr. & Mrs.  Other: \_\_\_\_\_

Donor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Is this the address where you receive your credit card bill?  Yes  No

If no, enter billing address here \_\_\_\_\_

\_\_\_\_\_

**GIFT:**

Here is my gift of \$ \_\_\_\_\_.

This is a one-time gift.  This is a recurring gift.  Please charge this amount **monthly** until \_\_\_\_\_ (date).

My gift is for  Convalescent Endowment Fund  Convalescent Relief Account

Stepping Stones to Happiness certificate (\$25)  In Honor  In Memory  Contributor

**CONTRIBUTION METHOD:**

Enclosed is my check. (Please make check payable to Daughters of the Nile Foundation.)

Charge my credit card:  MasterCard  Visa  American Express  Discover

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV number\* (see below): \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I am a Daughter of the Nile, please credit my Temple:** Temple Name and Number \_\_\_\_\_

Please send me information about the Daughters of the Nile Foundation.

\*The CVV is a 3 or 4 digit number on the back of most credit cards (it is on the front of the American Express card).

Visit us on the web at [www.donfdn.org](http://www.donfdn.org)