



Please complete this form and return to: Nemours Partnership for Children's Health Medical Director's Residence 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 _____ 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 AI duPont Hospital for Children Biomedical Research BrightStart! Dyslexia Initiative Nemours Health & Prevention Services KidsHealth.org Nemours Children's Clinic-Wilm 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.) Spouse Title First Name M.I. Last Name Suffix (Mr., Mrs., Ms., Dr., etc.) Spouse Title First Name M.I. Last Name Suffix (Mr., Mrs., Ms., Dr., 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

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:

All gifts are tax deductible to the full extent provided by law. Thank you for your generous support. If you have any questions, please contact us toll free at (888) 494-5251.