



Yes! I want to help build a healthier future for children in the Delaware Valley.

- \$10,000 - Visionary Partner
- \$5,000 - Cornerstone Partner
- \$2,500 - Senior Partner
- \$1,000 - Partner
- Other: \$ _____

Please designate my gift to: Nemours/Alfred I. duPont Hospital for Children Behavioral Health / Autism
 Cancer Research Cardiac Center Child Life Department Orthopedics Other: _____

Title _____ First Name _____ MI _____ Last Name _____ Suffix _____
 Address (billing) _____ City _____ State _____ Zip code _____
 Phone _____ Email _____

Check My check, made payable to **Nemours**, is enclosed.

Credit Card (Please ensure you provided your billing address at the top of this form.)

I would like to pay in: a single payment monthly installments quarterly installments
 MasterCard Visa American Express Discover
 Credit card number _____ Exp. Date _____
 Name as it appears on card _____ Signature _____

Questions? Contact:
 Samantha Kulp
 Nemours Fund for Children's Health
 1600 Rockland Road | Wilmington, DE 19803
 Phone: 302-651-4298 | Fax: 302-651-4487 | Email: samantha.kulp@nemours.org

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.

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