



# 2015 St. Jude *Thanks and Giving*® Campaign Donation Form

## ① Please provide your information in full:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in receiving information about St. Jude via email.

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## ② I would like to donate the following amount: \$ \_\_\_\_\_

Check one of the following:  Monthly Gift  Single Gift

## ③ Please select the following donation method:

Donating by Check

*Enclose check made payable to St. Jude Children's Research Hospital®*

Donating by Debit/Credit Card

*Please provide us with the following information:*

VISA  MasterCard  American Express  Discover

*Enter credit card number*

\_\_\_\_\_

*Card expiration date*

\_\_\_\_/\_\_\_\_

Month Year

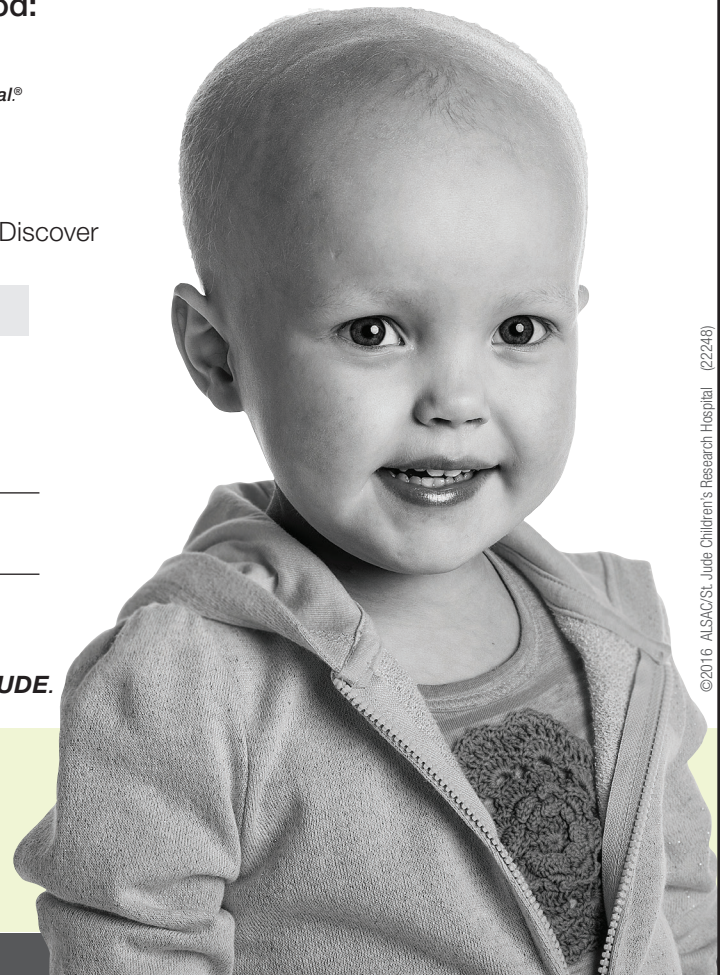
\_\_\_\_\_  
*Name on card (please print)*

\_\_\_\_\_  
*Authorized signature*

*Thank you for your support. Your contribution is tax deductible.  
For questions, please contact [donors@stjude.org](mailto:donors@stjude.org) or 800-4STJUDE.*

**MAIL COMPLETED FORM TO:**  
St. Jude Children's Research Hospital  
PO Box 1893  
Memphis, TN 38101-9950  
Fax: 901-578-2805

OFFICE SOURCE CODE: THWPRINDO16





# 2015 St. Jude *Thanks and Giving*® Campaign

## Donation Form (continued)

**HONOR CARD DONATION** **THWTPHODO16**

**Please provide the following honor card information:**

In Honor Of: \_\_\_\_\_

I would like an honor card without the gift amount mailed to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How would you like the honor card to be signed?

\_\_\_\_\_

*(maximum of 120 characters)*

**MEMORIAL CARD DONATION** **THWTPMEDO16**

**Please provide the following memorial card information:**

In Memory Of: \_\_\_\_\_

I would like a memorial card without the gift amount mailed to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How would you like the memorial card to be signed?

\_\_\_\_\_

*(maximum of 120 characters)*

Thank you for your support. Your contribution is tax deductible.  
For questions, please contact [donors@stjude.org](mailto:donors@stjude.org) or **800-4STJUDE**.

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