



## 2018 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)

St. Jude patient  
Woods

\_\_\_\_\_  
*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



# 2018 St. Jude *Thanks and Giving*® Campaign

## Donation Form (continued)



### HONOR CARD DONATION

THWPRIND019

#### 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

THWPRIND019

#### 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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