



**25th Annual St. Jude Night of Hope
October 3, 2015**

Gift Certificates / Art / Monetary Donations

Company _____

Contact Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

<p><input type="checkbox"/> I would like to contribute a gift certificate for the raffle or artwork for the auction.</p> <p>Item Description _____ _____ _____</p> <p>Item Value \$ _____</p>	<p>Donation \$ _____</p> <p><input type="checkbox"/> Monetary gift enclosed <input type="checkbox"/> Please process my credit card</p> <p>Name on Card _____</p> <p>Card # _____</p> <p>Expiration Date _____</p> <p>For your security, please do not email this form with completed credit card information.</p>
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Donations may be sent to:
St. Jude Children's Research Hospital
c/o RI Chapter
181 Putnam Avenue
Johnston, RI 02919
(401) 231-7675

*Checks payable to St. Jude Children's Research Hospital

ATTN: If you have any questions or would like an item to be picked up, please contact _____ at

() _____.

Thank you for your support!