

# SALAAM SHRINERS

114 Algonquin Parkway, Whippany, NJ 07981

## DONATION FORM

Date \_\_\_\_\_

Please accept my donation in the amount of \$ \_\_\_\_\_ to:

Please check Donation box below and make check payable as shown.

(Only checks made out to Salaam Shriners will be acknowledged by Salaam Shriners, Inc).

(\*) Checks made out to Shriners Hospital will be sent to the Hospital and acknowledged by them.

	Tax Deductible Donations	Make Check Payable To:	
<input type="checkbox"/>	Salaam Shriners' Transportation Fund	Salaam Shriners' Transportation Fund	
<input type="checkbox"/>	Shriners' Hospitals for Children	(*) Shriners' Hospitals for Children	
<input type="checkbox"/>	Shriners' Hospital for Children - Philadelphia	(*) Shriners' Hospital for Children - Philadelphia	
<input type="checkbox"/>	Shriners' Hospital for Children - Boston	(*) Shriners' Hospital for Children - Boston	
<input type="checkbox"/>			
	Non-Tax Deductible Donations	Make Check Payable To:	Memo Section
<input type="checkbox"/>	Salaam Shriners' Building & Grounds Fund **	Salaam Shriners, Inc.	B&G
<input type="checkbox"/>	Salaam Shriners' General Fund**	Salaam Shriners, Inc.	General Fund
	<b>** (Donations to these accounts ARE NOT deductible as charitable contributions)</b>		

**Please Print**

*In Honor Of*

*In Memory Of*

**INSTRUCTIONS: Send Additional Acknowledgment to:**

Name: _____	Phone: (    ) _____
Address _____	
City: _____	State _____ Zip _____

**Please Print**

**ALL Information must be completed in order to have proper acknowledgments for each donation.**

Donor

Street Address

City

State

Zip Code

(    ) \_\_\_\_\_

Telephone Number