



Shriners Hospitals
for Children® — Houston

Nonmonetary Donation Form

Required Donor Information:

Date of Donation: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Nonmonetary Donation Type:

Type	Brief Description (if needed)
<input type="checkbox"/> Clothing	
<input type="checkbox"/> Food	
<input type="checkbox"/> Electronics	
<input type="checkbox"/> Gift Cards	
<input type="checkbox"/> Hygiene Items	
<input type="checkbox"/> School Supplies	
<input type="checkbox"/> Toys/Games	
<input type="checkbox"/> Other	

If you would like your philanthropic organization to receive credit, please fill out below:

Shrine Temple: _____ **Shrine Unit/Club:** _____

OES: _____ **DON:** _____ **LOSNA:** _____ **Other:** _____

Received By: _____