



Direct Contributions to Shrine Hospitals

For _____ (YEAR)

€ Shrine Hospitals for Children Tampa 

€ Specific Hospital Name: _____

Clown Unit Name: _____

Clown Unit Mailing Address: _____

City _____ State _____ Zip _____

Temple _____ Unit ID No. _____

Total Contributions (US\$)

I do hereby certify that the amount of money listed above has been given to the Hospital listed above are, to the best of my knowledge, true and correct.

Unit President or Senior Officer:

Secretary:

Temple Potentate

Attach this form the documentation of donations. Have you Unit President, Secretary and Potentate sign the forms and mail no later than December 31 to:

**DON "MILTY" HAMILTON
 636 FERNHILL
 VICTORIA, B.C.
 CANADA
 V9A 4Y9**

dhamilton48@shaw.ca