



**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:

I.S.C.A. Secretary  
P.O. Box 94  
Hazel Green, Al 35750