Give \$100 and FEEL LIKE A MILLION! Join the Shrine's

		100-MILLI	ON-DOLLAR	CLUB!		
		I want to become a men	nber of the 100-N	lillion Dollar Club:		
	☐ I have added a provision in my will leaving a bequest to the Hospitals					
	☐ I prefer to make a tax-deductible contribution at this time of at least \$100.					
	☐ No certificate is necessary – just list in the Booster					
Name:						
	Address:					
	In memory of: In honor of:					
	III HOHOI OI.	•				
	Acknowled	ge to :				
N. S.	Send to: Sphinx Shriners P.O. Box 310157		Maka	Charle Davabla tar		
			Shriners I	Make Check Payable to: Shriners Hospitals for Children		
	-	Newington, CT 06131-015	7			
SPHINX DONATION FORMS				Submitted by:		
SEND TO: Sphinx Shriners			Name:		 	
		L57 - Newington, CT 06131-0157 y copies of this form as you need)	Address:			
	Cabias Fin	et Lodyle Frankraisen		D \$20 coch	\$	
	Tote Bag	st Lady's Fundraiser:		□ \$20 each	Ş	
	Make checl	ر "ks payable to "Donna Oakes				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MACE	(other)		
	Donation to	Sphinx Shrine:		□ \$	\$	
				Booster Supporter		
				☐ \$ Van Replacement Fund		
				\$		
	Unit/club:			Transportation Fund		
		of:		□ \$ Other:		