



Name: _____ Employee Number: _____
Home Address: _____
Phone Number/Ext: _____ Department: _____
Email: _____
Signature: _____ Date: _____

70th Anniversary T-Shirt Donation Form

Quantity: Choose amount

Size:

- ☐ Small
☐ Medium
☐ Large
☐ X-Large
☐ XXL



Comments: Click to enter additional quantity/size comments.

☐ **Payroll:** I authorize NCHF to deduct a one-time amount of \$ _____ from my paycheck

☐ **Credit Card:** I authorize NCHF to deduct a one-time amount of \$ _____ from my credit card

Please charge my: Visa Mastercard Amex Discover
Card # _____ Exp. Date: ____/____ CVV: _____
Name as it appears on card: _____
Billing address: _____

****All Sales Final****

Please email completed form to Aleydis “Ally” Rodriguez

Aleydis.Rodriguez@nicklaushealth.org

Gifts to Nicklaus Children's Hospital Foundation are tax deductible according to IRS regulations and 100% of gift proceeds benefit Nicklaus Children's Hospital Foundation. The deductible amount of your contribution is limited to the excess of your contribution over the fair market value stated above. Please keep this acknowledgment as a receipt for your charitable contribution deduction, pursuant to IRS Code, Section 6115. Nicklaus Children's Hospital Foundation, Registration No. CH40196, has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. If you do not want to receive future fundraising requests supporting Nicklaus Children's Hospital Foundation, please write to us at 3100 S.W. 62 Ave. Miami, FL 33155 or by email to nchf@nicklaushealth.org.