



Wheelchair Donation Form

Thank you for your kind and generous donation towards funding a customized wheelchair for a child in need at **Shriners Hospitals for Children** in Tampa, FL.

Please indicate the amount you wish to donate: \$ _____

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

A sample wheelchair will be on display at the "Cars in the Park" Cocktail Party & FUNraising Charity Auction on Friday night and on Saturday's Gasparilla Concoeurs d'Elegance. We will honor your contribution with a printed sign recognizing your name and/or organization.

Name and Organization: _____

Message: _____

The sign will be placed on the wheelchair and titled,

"A customized wheelchair will be made possible due to the generosity of (Your name and/or organization) and their kind donation of \$(Amount donated)"

I prefer to be anonymous.

I prefer to to have my donation amount omitted.

Please make checks payable to:

Mailing address:

Gasparilla Concoeurs d'Elegance Inc

PO Box 260292, Tampa, FL 33685-0292

Once we receive your check, an IRS tax deductible receipt will be sent to you. Please indicate your preference.

Receipt by mail

Receipt by email