

The Tomorrow Fund provides daily financial and emotional assistance to families of children treated for cancer at Hasbro Children's Hospital and The Tomorrow Fund Clinic. The Tomorrow Fund values, appreciates and celebrates each gift from our generous donors. Individuals, families or companies can make gifts to support our mission. Your donation is tax-deductible to the full extent of the law. All donors will receive a tax-deductible acknowledgement letter.

Please mail this form to: The Tomorrow Fund, RI Hospital Campus, POB Suite 422, 593 Eddy Street, Providence, RI 02903.

Donor Information:

Name: _____
 Company, if applicable: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Donation Information:

Please check one of the following donation options:

- Please find my enclosed check, payable to The Tomorrow Fund, in the amount of: \$ _____
- Please charge my credit card one time only in the amount of: \$ _____
- Please charge my credit card as an ongoing pledge to the mission in the amount of: \$ _____
 on the following schedule (circle one) MONTHLY (12X a year) QUARTERLY (4X a year)

Credit Card Information:

- VISA MASTERCARD AMEX DISCOVER

Card Number: _____
 Expiration Date: _____ Security Code _____
 Cardholder Name: _____
 Cardholder's Signature: _____

Type of Donation:

This donation is made (check one):

- GENERAL DONATION ANNUAL APPEAL (note if a tribute gift) IN LIEU OF GIFTS (wedding, holidays, etc.)
- IN MEMORY (of a loved one, someone special, etc.) IN HONOR (birthday, occasion, recovery, etc.)

Notes about this donation: _____

The Tomorrow Fund would be happy to acknowledge your tribute gift. Please provide the name and address of the person you would like to receive this acknowledgement. The amount of your donation will not be included in the notification letter, unless otherwise noted. Send acknowledgement to:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Acknowledgement from: _____

Matching Gift Information:

- Check if you have matching gifts available through your employer.

Employer's Name: _____

Please send your Matching Gift Form to: The Tomorrow Fund, RI Hospital Campus, POB Suite 422, 593 Eddy Street, Providence, RI 02903.

Donations available through United Way and SECA; our number is 3790.