

[Office Use Only - Date Recd: _____]

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EX: ____

DONATIONS AND MEMORIAL CONTRIBUTIONS

Donation in honor of _____

Memorial in memory of _____

El Riad Hospital Transportation Fund..... \$ _____ TY: ____

El Riad Hospital Transportation Endowment Fund.... \$ _____

Keith Rose Endowment Fund..... \$ _____

El Riad Mosque Improvement Fund..... \$ _____

Shriner's Hospitals for Children..... \$ _____

Specify which Hospital: _____

ACK: ____

Given by: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone # (_____) _____

Please acknowledge my gift to: _____

Address: _____

City: _____ State: ____ Zip: _____

Please mail this completed form with a check made payable to your selected Fund to:

**El Riad Shrine
P.O. Box 1203
Sioux Falls, SD 57101-1203**