

YOUR DONATION WILL SPREAD SUNSHINE AND HOPE

The Gift of Sunshine Fund

Our program at the Morgan Stanley Children's Hospital will ensure the well-being of a patient's entire family, especially the brothers and sisters of chronically ill children. This new program will enhance the hospital's ability to meet the needs of these special families.

Enclosed is a gift of _____ made payable to THE CHARNA RADBELL FOUNDATION.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Payment Method: Check Amex Visa MC

Name on Card: _____

Account #: _____ Exp. Date: _____

Signature: _____

Please designate my gift as a tribute to: _____

Anniversary Memorial Birthday Other: _____

Please send notification of this gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contributions are tax-deductible to the full extent allowed by law.

Please mail to: **Charna Radbell Foundation**
The Gift of Sunshine Fund
Post Office Box 33
Lawrence, NY 11559