



Dear Supporter,

Thank you for your support of DiningStars – A Prestige Card Program. With the “Group Order Form” below, you can purchase multiple cards for family, friends, employees and customers. The cards will be personalized for each individual and shipped to the mailing address you’ve provided.

By making a minimum donation of \$50 to DiningStars for each card, you support the joint, global efforts of Monroe Carell Jr. Children’s Hospital at Vanderbilt and The Shalom Foundation. “Serving a good purpose!” by serving global good health for children. You also provide a unique gift for each person on your list. A personalized DiningStars card is the perfect gift for individuals who enjoy dining out, attending unique special events and sharing new dining experiences!

Please provide the information requested below to purchase your cards. List each name as it will appear on each individual DiningStars card. The cards you order will be shipped to the mailing address you provide below. You will receive a confirmation email from DiningStars when your order is processed. Checks are made payable to DiningStars – Shalom Foundation.

Group DiningStars Card Order Form

Purchaser Name: _____
(As it appears on credit card) first name last name or Company name

Number of cards: _____ **Total \$** _____
*(Please see chart below for shipping and handling fees)

Payment type: Check _____
Please mail your completed form along with a check payable to DiningStars – Shalom Foundation to address below.

Visa/MasterCard _____
Please circle. Credit card number 3 digit authorization code expiration date

Billing address: _____
(Delivery address for credit card)

Mailing address: _____
(Delivery address for your personalized cards)

E-Mail address: _____ **Phone:** _____
(Order confirmation will be sent to this e-mail address.)

(List each name below for personalized DiningStars cards.)



412 Cummins Street | Franklin, TN | 37064 | 615-595-5811
abender@theshalomfoundation.org





Group Order Form

Names for Personalized DiningStars Cards

Purchased by: _____

Name (as it will appear on the DiningStars card)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

(Include a name for each card purchased including the buyer if applicable. Use multiple sheets if needed.)

Thank you for your support!

Scan & e-mail this form to info@diningstars.org or fax to (615) 595-5857.

***S&H Fees: 1-2 cards \$2; 3-10 cards \$5; 11-20 cards \$10; 21-50 cards \$15; 51+cards \$20**



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