# HOSPITAL DONATION FORM

Please use for all donations. Scan and email completed form to development.services@childrens.com or fax to 214-456-8399. Forms should be sent no later than one week after donation is received.

NOTE: All donations of cash or checks should be sent on the same day as received to Development Services in the Children’s Medical Center Foundation. Call 214.456.5306 to schedule pick-up.

| Date Received: ____________________________ | Location Received: ____________________________ |
| Received by: ____________________________ | Department: ____________________________ | Ext: _______ |

## DONOR INFORMATION

Would donor like to receive a receipt for tax purposes?  
- [ ] Yes  
- [ ] No

Individual(s): ____________________________________________________________________________
(Circle): Mr.  Mrs.  Ms.  Dr.  Miss

Organization: ____________________________________________________________________________

Contact Person: __________________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Email Address: __________________________ Cell Phone: (   ) __________________________

Home Phone: (   ) __________________________ Business Phone: (   ) __________________________

Donor is a:  
- [ ] Volunteer  
- [ ] Patient Family  
- [ ] Employee  
- [ ] Other: __________________________

## DONATION (PLEASE EXPLAIN CLEARLY)

NOTE: All donations of equipment or artwork for permanent display must have hospital approval prior to acceptance.

<table>
<thead>
<tr>
<th>Description of Item(s)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________</td>
<td>________</td>
</tr>
<tr>
<td>_______________________</td>
<td>________</td>
</tr>
</tbody>
</table>

Estimated value (according to donor): $ __________________________

Volunteer hours spent on project: __________________________

Number of volunteers: __________________________

Monetary Donation Amount: ________________  
- [ ] Cash  
- [ ] Check # __________

Would donor like to receive information from Children’s in the future?  
- [ ] Yes  
- [ ] No