



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.

Description of Item(s)	Quantity
_____	_____
_____	_____

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