

Thank you for your donation to Children's Hospitals and Clinics of Minnesota.  
Please help us properly acknowledge your gift by completing steps 1 and 2 below.

**Step 1: Donor information**

**Date:** \_\_\_\_\_ **Donor is:** Organization/Company/Group  Adult (over 18)  Child (under 18)

**Donor name(s):** \_\_\_\_\_

**Contact name for organization/company/group or parent/guardian if donor is under 18:**

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Street address) Home  Work  Cell   
\_\_\_\_\_  
(City, state, zip code) **Email:** \_\_\_\_\_

**Step 2: Donation information**

**Quantity and description of donation:**

**Total value of donation:**

\$50  \$500  
 \$100  \$1,000  
 \$250  Other: \_\_\_\_\_

**Tribute information (Complete only if making your donation in memory or in honor of someone.)**

**This donation is:**

**Please send a tribute acknowledgement card on my/our behalf to:**

**In memory of**  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**In honor of**  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street address)  
\_\_\_\_\_  
(City, state, zip code)

**Please sign my/our card:** \_\_\_\_\_

**STAFF SECTION - Completed by Children's Employees**

**Department accepting donation:**

Concierge/Welcome Desk  Child Life   
Security  FRC  Star Studio  Vol. Services   
Families as Partners  Foundation   
 Other: \_\_\_\_\_

**Send completed form to Children's Foundation**

**Email:** [giving@childrensmn.org](mailto:giving@childrensmn.org) **MS:** CBC-3-FOUN

**Mailing address:** Children's Foundation  
5901 Lincoln Dr.  
Edina, MN 55436