

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

\_\_\_\_\_ **Email:** \_\_\_\_\_  
(City, state, zip code)

## 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:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street address)

**In honor of**

\_\_\_\_\_

\_\_\_\_\_ (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