

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: _____

Additional giving information

Designation Disclaimer: In-kind donations are directed to the Child Life Program for equitable distribution to patients and families. If an in-kind gift is requested to be designated to a specific area of the hospital, please provide this detail in the form above. The Child Life Program will make its best effort to comply with the requested designation. Depending on many factors including, but not limited to, unit needs and the quality of the in-kind gift, Children's Minnesota may not be able to meet the designation request for the in-kind donation and may, at its sole discretion, designate the in-kind donation to other areas of the hospital or provide the in-kind donation to other non-profit organization(s).

Intellectual Property Disclaimer: While in the process of providing in-kind services for Children's Minnesota, Children's Minnesota owns any intellectual property created during that process. The full Intellectual Property disclaimer can be found at https://www.childrensmn.org/GIK_FAQ.