



Please complete sections 1 & 2 and keep the pink copy for your records.

1) CONTACT INFORMATION

Donor's Name _____
(Individual or Group Name)

☐ Corporate ☐ Community ☐ Individual ☐ Youth
Birthdate of Donor (if under 18) _____

Contact Person _____ Relationship to Donor _____

Address _____ **First Time Donor** ☐ YES ☐ NO

City, State, Zip _____

Email Address _____ Phone Number _____

By providing your e-mail address above, you are agreeing to receive electronic communications from Children's Mercy as a part of your donation.

2) DONATION INFORMATION

☐ **Handmade Items**

Estimated Item(s) Value _____ Art Supplies _____ Caregiver Items _____ Gift Cards _____ Safety Items
\$ _____ Blankets/Hats _____ Electronics _____ Happy Kits _____ Stuffed Animals
_____ Books _____ Food _____ New Clothes _____ Toys/Games

Is this gift ☐ in memory of or ☐ in honor of a loved one? *Comments About Your Donation:*

Cash Donation

(in addition to in-kind)

\$ _____

..... Volunteer Groups Continue Below with Step 3

3) VOLUNTEER ACTIVITY

Type of Volunteer Activity (please choose from below):

Patient and Family Encounters: _____

☐ Partners in Play

☐ NICU Lunch

☐ Special Event in Lobby

☐ Kreamer Family Resource Center Activity

☐ NICU Night Out

☐ Happy Kits: On-site | Off-Site

☐ Inpatient Special Event/Playroom Visit

☐ Ambulatory Special Event

☐ Other: _____

Description of Volunteer Activity: _____

Number of Volunteers: _____ **Date of Activity:** _____

Length of Activity (Hours): _____ **Location:** _____

THANK YOU! On behalf of the patients and families of Children's Mercy, thank you for the time and resources you have given through this donation.

The pink copy is your donation receipt, and you may contact us at (816) 234-3496 if you have any questions regarding your donation.

FOR OFFICE USE ONLY

☐ **Volunteer Only (No Event Record)**

Date Received _____ Donation Accepted By _____

Location Received ☐ MAIN CAMPUS ☐ KANSAS ☐ OTHER: _____ ☐ Personal Acknowledgement

Comments about the donation _____

Monetary donation designation: ☐ area of greatest need ☐ other _____ **Bead Journey:** ☐ YES ☐ NO **Bead #** _____

WHITE COPY: Philanthropy

YELLOW COPY: Volunteer Services

PINK COPY: Donors/Volunteer Receipt