CookChildren's

IN-KIND DONATION FORM - *Stitcher*

DUE TO INFECTION CONTROL ISSUES **ONLY NEW ITEMS** ARE ACCEPTED.

DATE RECEIVED: _____

DONOR TYPE: __ADULT __CHILD __GROUP __FAMILY __EMPLOYEE __VOLUNTEER

__FIRST-TIME DONOR __REPEAT DONOR

CONTACT NAME: _____

COMPANY/GROUP NAME: _____

ADDRESS: _____ **CITY/STATE:** _____ **ZIP CODE:** _____

PHONE: ( ) _____ **E-MAIL:** _____

__YES __NO I would like to receive periodic information about specific donation needs via email.

DESCRIPTION OF DONATION: **TOTAL HOURS DONATED:** _____

(please check all that apply)

Quantity	Item Type	Quantity	Item Type
____	Pillowcase (standard)	____	Bed Buddy
____	Pillowcase (juvenile)	____	Remembrance Quilt
____	Gel Cover	____	Taglet
____	NICU Smock	____	Christmas Bag
____	NICU Crib Sheet	____	Other: _____
____	Preemie Burial Gown	____	Other: _____
____	Surgical Mask	____	Other: _____
____	Therapeutic Teaching Doll	____	Other: _____
____	Medical Play Doll Gown	____	Other: _____
____	Blanket	____	Other: _____
____	Crib Bumper	____	Other: _____

DOLLAR VALUE OF GIFT (AS ESTIMATED BY DONOR):

__ $1 - $25 __ $26 - $50 __ $51 - $100 __ $101 - $250 __$251 - $500 __ $500+

Please print this form, fill it out, and send, email or fax it to:

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Thank You for Your Donation!