



LOMA LINDA UNIVERSITY
HEALTH

Cards 4 Kidz Donation Form

Please Print

Date _____

Group/Organization Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone # _____

Number of Cards _____ # of Participants _____

Total amount of time the group spent on this project? _____

How did you hear of our program? _____

THANK YOU VERY MUCH FOR YOUR GENEROSITY!!

For office use only:

Staff/Volunteer accepting gift _____

(Please provide full name and extension where you may be reached if needed.)

**Please send to LLUH Volunteer Services, Children's Hospital Room 1802;
Phone 909-558-8025**

_____ Hours Recorded _____ Excel List _____ Advancement _____ Thank You