



LOMA LINDA UNIVERSITY  
HEALTH

***Cheerful Encounters Program  
Donation Report***

(Please use a Donation Envelope for gifts of Cash or Checks.)

From Mr./Mrs./Ms. \_\_\_\_\_ Date \_\_\_\_\_  
(Contact Name if Company or Organization)

Company or Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In memory/honor of \_\_\_\_\_  
(circle one)

If you wish, we will be pleased to advise the honoree or the family of your thoughtfulness and caring. Please provide a full name and address where we may send the acknowledgement.

\_\_\_\_\_  
\_\_\_\_\_

A letter will be sent acknowledging your gift described below. Receipts will be sent for cash/checks.

Description of gift (number & type of items, whether new or used)	Donor's estimation of value
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***For office use only:***

Staff/Volunteer accepting gift \_\_\_\_\_

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

**Please send to Children's Hospital Foundation, Room 1816; Phone 558-8008**

\_\_\_\_\_ Hours Recorded    \_\_\_\_\_ Excel List    \_\_\_\_\_ Advancement    \_\_\_\_\_ Thank You