

# 2017 Donor Information



Please check one:     Individual Gift     Group Gift

Donor Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person (if company or organization) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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## Thank you for your interest in supporting the Adopt-A-Family program!

I would like to "Adopt-A-Family" and make the following donation:

Family size preferred (check one):

Small (1-2 children)     Medium (3-4 children)     Large (5-6 children)     X-Large (7 and over)

Comments \_\_\_\_\_

I/We would prefer not to adopt a specific family, but would like to donate the following items ONLY:

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

I/We would prefer not to adopt a specific family, but prefer to make a monetary donation.

Please accept my/our gift to be directed to the Children's Hospital of Michigan Adopt-A-Family program.

I/We would like to contribute \$ \_\_\_\_\_.

Enclosed is my/our check payable to Children's Hospital of Michigan Foundation.

Please charge my/our     Visa     MasterCard     American Express

Print name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Please return your completed form to Children's Hospital of Michigan, 3901 Beaubien Street, Detroit, MI 48201. For questions about the program, please contact Social Worker by phone (313) 745-5289 or fax (313) 745-0940.

This program is supported by Children's Hospital of Michigan Foundation. Tax-deductible contributions may be made to "Children's Hospital of Michigan Foundation." Please designate your gift by indicating it is for the "Adopt-A-Family" program at the "Children's Hospital of Michigan Foundation." Monetary donations may also be made at [chmfoundation.org](http://chmfoundation.org) or by calling (313) 964-6994.