

Holiday Family Program Contribution Form Checks or Gift Cards / Certificates

I am donating the following Gift Card(s) / Gift Certificate (s). Please include the vendor name and value:

Please find enclosed my check, numbered: _____ Check Amount: _____

Total value of these item(s) \$ _____.

DONOR INFORMATION:

Donor Name: _____

Company Name (if Applicable): _____

Address: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Email: _____

Donor Signature: _____ Date: _____

Please include this form with your donated items, and mail to:

Nationwide Children's Hospital Foundation

ATTN: Adopt a Family

P.O. Box 16810

Columbus, OH 43216-6810

Questions? Please contact:

Nationwide Children's Hospital Foundation | PH (614) 355-5400 FX (614) 355-5410

