

## Children's Champion donation form

Children's Champion Name: \_\_\_\_\_

Enclosed, please find:

- \_\_\_\_\_ number of checks
- \$ \_\_\_\_\_ total dollar amount of donations

**Please make checks payable to Akron Children's Hospital Foundation.**

Children's Champion Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please do not send cash in the mail. Consider writing a check for all cash donations or call the Akron Children's Foundation at 330-543-8340 to make arrangements.

**Thank you for your support!**

Please mail this form and your check to:  
Akron Children's Hospital Foundation  
Attention: Nicci Avalon  
One Perkins Square  
Akron, OH 44308