



**Akron
Children's
Hospital**

Donation Form for Community Fundraisers

Name of Event: _____

Contact for Event: _____

Address of Contact: _____

Phone: _____ **Email address:** _____

Designated Fund/Department/Program: _____

(Undesignated donations will be placed in the Foundation General Fund to be used in the area of greatest need)

Additional Information: _____

Donation Amount: _____

Akron Children's Hospital Foundation

Attn: Events

One Perkins Square

Akron, OH 44308