Children's Hospital and Health System™ Foundation

Merchandise Donation Form

Yes, I would like to make a donation of:

Item _____

Description

_____

_____

_____

Approximate Value _____

Donor Name _____
(company or individual)

Contact Name (if company) _____

Street Address _____

City State Zip _____

Phone _____ Fax _____

☐ Item is enclosed ☐ Item will be mailed/delivered by _____
(Date)

☐ Item needs to be picked up (a volunteer will call to make arrangements)

Children's Hospital and Health System Foundation

***Mailing address*: P.O. Box 1997**
MS 3050
Milwaukee, WI 53201

***Shipping address*: 10310 W. Watertown Plank Rd.**
(warehouse) Milwaukee, WI 53226

Phone: 414-266-6320 **Fax: 414-266-6139**

OFFICE USE ONLY

Item secured by _____ Raiser's Edge Constituent ID_____

Where item is being stored _____