



Your gifts will help parents like Jimi's give their children happy holidays while they're at Arkansas Children's Hospital.

This year, parents of patients in the hospital will be able to select gifts their children will enjoy from among the generous donations to Festival of Stars, making the experience even more special. You can contribute to the wonder of the holiday for kids at ACH!

Please complete the donor form below and bring it with your donation; it will help ensure that you receive proper credit for your generous donation.

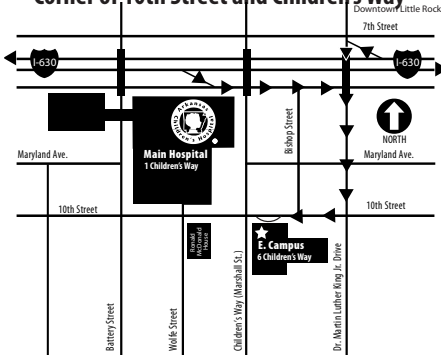


Festival of Stars
Toy and Donation Drive



FRIDAY, DEC. 12, 2014
8 AM - 6 PM

Arkansas Children's Hospital East Campus
Corner of 10th Street and Children's Way



As you approach the hospital, please look for signs directing you to the designated drop-off point.

DON'T HAVE TIME TO DROP OFF YOUR TOYS?

You can make a monetary donation!

Visit archildren.org/festival for more information!

DONATION FORM

DONOR NAME (please print): _____

ORGANIZATION: _____

DONOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Please check here if you are interested in receiving our quarterly email newsletter.

OPTIONAL

IN MEMORY/HONOR OF: _____
(Please circle one)

FAMILY ADDRESS: _____

City/State: _____ Zip: _____

DESCRIPTION OF DONATION: _____

APPROXIMATE VALUE OF DONATION: \$ _____ Please check here if gift cards are included in this donation.

NEEDLEWORK ITEMS (approximate number of each item): _____

_____ BLANKETS	_____ HATS/CAPS	_____ BOOTIES
_____ MITTENS	_____ TOTE BAGS	_____ BOPPERS
_____ TEACHING DOLLS/ANIMALS	_____ PILLOWS	_____ MISC. NEEDLEWORK

APPROXIMATE NUMBER OF HOURS SPENT PLANNING/ORGANIZING DONATION: _____
We want to recognize the number of hours you and your group spent planning, organizing or preparing this donation.

NUMBER OF VOLUNTEERS/INDIVIDUALS (IN YOUR GROUP) WHO PARTICIPATED WITH THIS PROJECT: _____

Arkansas Children's Hospital's mission is to provide the highest quality health care for our children. Because of this, ACH has established in-kind donation guidelines in order to ensure the safety of our patients.

- Due to infection control guidelines, all donated items must be **NEW** and free from odors that might violate infection control policies. We are unable to accept items that are religious in nature.
- Due to safety regulations and our no-solicitation policy, we are unable to accept any items that are gift-wrapped or labeled with identifying donor contact information.

I understand the importance of providing quality health care and verify that my donation meets all criteria for being accepted. I understand the items I am donating will be inspected prior to being distributed to patients and know that all items not meeting these criteria will be redirected to another worthy charity or discarded (these donated items will not be acknowledged by ACH). I also understand that once items are donated, they become the property of ACH and cannot be returned to the donor.

DONOR SIGNATURE _____ DATE _____
--- Please return this form with donation. ---