



Embracing the ICU

Business Name _____

Full Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

I will be providing: _____
Food item: _____ Qty: _____ Min. 4 dz. Per hospital Value of donation: _____

Preferred Hospital: Methodist Women's Bergan Mercy UNMC Children's Hospital No Preference

I would like to donate for the following holiday(s):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Valentine's Day | <input type="checkbox"/> Father's Day | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> St Patrick's Day | <input type="checkbox"/> 4 th of July | <input type="checkbox"/> New Years |
| <input type="checkbox"/> Easter | <input type="checkbox"/> Labor Day | |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Halloween | |
| <input type="checkbox"/> Mother's Day | <input type="checkbox"/> Thanksgiving | |

Location to pick up donation:

Same as above
 New: _____

Will provide Logo for flyer: Yes. No _____

Please keep my donation confidential

Signature: _____ Date: _____