



Cheers From Emily Donation Request Form

All information on this form is optional and confidential. The information will only be used for approval determination and for fulfillment purposes. It will not be released to any third parties.

Please have the hospital or Child Life Specialist fax to **317-613-5850**

Patient Information :

Name (Last, First, MI) _____ Date of Birth _____ (M/F)
Address _____ City _____
State _____ Zip Code _____ Phone () _____ - _____
Diagnosis _____ Siblings (Name, Age, M/F) _____
Date of Diagnosis _____ _____
Primary Hospital _____ _____
Child Life Specialist _____ _____

Request Type: (Select type of tablet and size below. If more than one is selected, one item will be chosen by CFE upon approval of the request.)

- Android Tablet Apple Tablet Windows Tablet
 Standard 10 inch Mid Size 7-9 inch Other - Specify below

Technology changes over time, as do popular names and brands. If there is something not on this list (technology related) the child would like to request, please choose "Other" and explain below. Please include any other special request or information about the child you would like us to know, such as special interests they may have. (For example, please let us know if they were or are a cheerleader!)

I understand that filling out the above request is not a guarantee that any items will be provided. I also understand that, if approved, although Cheers From Emily will make every effort to provide specific brands, other similar items may be provided.

Signature of patient (Guardian if under 18) _____ Date ____/____/____

Printed Name _____