



Blank Children's Hospital
UnityPoint Health

Donor Information: (Please Print)

Donor Name: _____

If an Organization – Contact Name: _____

Address: Phone: _____

City: _____ State: _____ Zip _____

Designation & Payment:

Donated to: Blank Children's Hospital Designated Area: _____

Amount of Gift: \$ _____ Check – Cash – Charge (Circle all the apply)

Credit Card Information: Visa Master Card Discover (Please circle)

Card #: _____

Expiration date: _____ CVV# _____ (3 digit # on back)

Signature of gift presenter: _____ Date: _____

This gift is:

In memory of: _____

In honor of: _____

To send acknowledgement to the family for this gift, please fill out the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to the memorial or honoree: _____

Return to:

Blank Children's Hospital
Alissa McKinney
1200 Pleasant Street
Des Moines, IA 50309

MEMORIAL INFORMATION FORM



Blank Children's Hospital
UnityPoint Health

In Memory of: _____
 Title First Middle Initial Last

Deceased Date: _____

1. Designate memorial money to an Iowa Health- Des Moines facility: (check one)

- _____ Iowa Lutheran Hospital ___X___ Blank Children's Hospital
_____ Iowa Methodist Hospital _____ John Stoddard Cancer Center
_____ Methodist West Hospital

2. Designate memorial money to a project area: (check or name one)

_____ Area of Greatest Need Other: _____

**3. Have memorial checks payable to the facility and note the memorial name on the memo line.
Mail checks to:**

*UnityPoint Health Foundation – Des Moines
1415 Woodland Avenue, E-200
Des Moines, IA 50309*

The UnityPoint Health Foundation will provide a tax receipt to the donor per IRS guidelines.

4. Send Memorial Acknowledgment report to:

The person listed will receive an initial listing of all donors, and of any new donors, twice a month. The list will include only names and addresses of donors - no dollar amounts will be included.

Name _____
Address _____
City _____ State _____ Zip _____
Relationship to deceased _____ Phone # _____

5. Form completed by: _____ Date: _____