

# Deck the Halls Donation & Toy Drive IN-KIND DONATION FORM



FMOL  
Health

Our Lady of the Lake  
Children's Hospital

Thank you for donating to Our Lady of the Lake Children's Health. Please help us properly acknowledge your gift by completing steps 1 and 2 below.

## STEP 1: DONOR INFORMATION

Please Print

Date \_\_\_\_\_ Donor is: Organization/Company/Group  Adult (over 18)  Child (under 18)

Donor Name(s) \_\_\_\_\_

Organization/company/group or parent/guardian if donor is under 18:

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home  Work  Cell

\_\_\_\_\_ Email \_\_\_\_\_  
City, State, Zip

## STEP 2: DONATION INFORMATION

Quantity and description of donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total value of donation:

\$50       \$500  
 \$100      \$1,000  
 \$250      Other \_\_\_\_\_

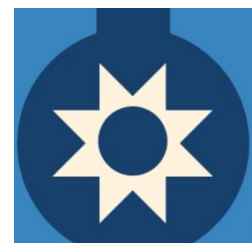
Donor Signature

\_\_\_\_\_

Send completed form to:

Email: [donations@ololchildrens.org](mailto:donations@ololchildrens.org)

Mailing address: Our Lady of the Lake Foundation  
Post Office Box 84357  
Baton Rouge, LA 70884



Our Lady of the Lake Foundation Tax ID: 72-1014324