## Santa's Workshop Donation & Toy Drive IN-KIND DONATION FORM



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/Compa	ny/Group □ Adult (over 18) □ Child (under 18) □
Donor Name(s)	
Organization/company/group or parent/guardian	
	Phone
	Home □ Work □ Cell □
City, State, Zip	Email
City, State, 21p	
STEP 2: DONATION INFORMATION	
Quantity and description of donation:	Total value of donation:
	\$50
	□ \$250 □ Other
Donor Signature	
	oundation Tax ID 72-1014324
Our Lady of the Lake 10	rundation rax to 72-1014324
STAFF SECTION – Complete by OLOL Fo	undation or Children's Hospital Team
•	·
Department accepting donation:	Send completed form to:
☐ Foundation ☐ Child Life	Email: donations@ololchildrens.org
J J	<u> </u>
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Oulei	
□ Welcome Desk □ Security □ Volunteer Services □ Other	Mailing address:  Our Lady of the Lake Foundation P.O Box 84357  Baton Rouge, LA 70884