



## 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 317-933-8443

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### 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 \_\_\_\_\_ \_\_\_\_\_

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**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!)

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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 \_\_\_\_\_