



Working together. Making a difference for kids.

## Group Project Form

Name of Group: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Type of Project/Event: \_\_\_\_\_

Requested Date/Time to bring your project:

*(A representative from Blank can meet with you, or you can leave your donations at Blank Administration M-F, 8 a.m. to 5 p.m.; for after-hours donation will need to be dropped off at the Main Desk at Iowa Methodist Medical Center)*

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Donations/Gifts (description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Hours: \_\_\_\_\_

*(If you made a donation, thank you for the time you spent planning, purchasing and/or preparing your donation. Please include all this time when you report your volunteer hours.)*

Mail to: Blank Children's Hospital  
Attn: Erin Luft-Wiskus  
1200 Pleasant Street  
Des Moines, IA 50309

Fax to: 515.241.5127  
Attn: Erin Luft-Wiskus

### FOR OFFICE USE ONLY

Scheduled Date: \_\_\_\_\_

Scheduled Time: \_\_\_\_\_

Total # Participants: \_\_\_\_\_

Total # Hours: \_\_\_\_\_