

**The Children's Hospital of Philadelphia**  
*Office of Government Affairs & Community Relations*  
**Give-a-Ways Request Form**

Name of Organization: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Items Requested (Please Circle up to two)

- |                            |                             |
|----------------------------|-----------------------------|
| Cup with lid and straw     | Pens                        |
| Cereal bowl with CHOP logo | Pencils                     |
| Band-aid Kit               | Paper pads                  |
| Ruler                      | Key chains                  |
| Mirror                     | Tracers-Shapes for children |

Requested Quantity: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Expected number of Attendees: \_\_\_\_\_

***Please send supporting materials for event along with fax.***

Please fax this completed form and supporting materials to the Office of Government Affairs & Community Relations at 267-426-5480 within 48 hours.

If you have any questions, please contact Dorothy McCutcheon,  
Administrative Assistant, at 267-426-6904.