



Donation Request Form

Cheers From Emily

All information on this form is optional and confidential. It will be used only for approval and fulfillment, and will not be released to any third parties.

HOW TO SEND THIS REQUEST

Please have the hospital or Child Life Specialist fax this form to
or email the completed request to request@cheersfromemily.org

(317) 933-8443

Patient information

NAME (LAST, FIRST, MI)

DATE OF BIRTH

M / F

ADDRESS

CITY

STATE

ZIP

PHONE

DIAGNOSIS

DATE OF DIAGNOSIS

PRIMARY HOSPITAL

CHILD LIFE SPECIALIST

SIBLINGS (NAME, AGE, M/F)

Request type

Select a tablet type and size. If more than one is selected, Cheers From Emily will choose one item upon approval.

☐ Android tablet

☐ Apple tablet

☐ Windows tablet

☐ Standard 10 inch

☐ Mid size, 7–9 inch

☐ Other — describe below

Technology changes, as do popular names and brands. If the child would like something not listed (technology related), choose Other and explain below. Include any special request or something we should know about the child, such as interests. For example, let us know if they were or are a cheerleader.

I understand that filling out this request is not a guarantee that any items will be provided. I also understand that, if approved, Cheers From Emily will make every effort to provide specific brands, but other similar items may be provided.

SIGNATURE OF PATIENT (GUARDIAN IF UNDER 18)

DATE

PRINTED NAME