



## Kids Helping Kids Registration Form

**Contact Information** ~ Organization \_\_\_\_\_

Names \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address (include city, state, & zip) \_\_\_\_\_

**Event Information** ~ Date / time \_\_\_\_\_

Activity Description: \_\_\_\_\_

**Gift** ~ This contribution will support (please select one):

### Area of Greatest Need

A donation to the children's hospital Area of Greatest Need is one of the most valuable gifts you can make to support our patients and families. The children's hospital is able to utilize these resources to promptly respond to emerging needs. Examples of how AFCH might use these funds include: patient programs, research, staffing, family support services, specialized equipment, education or facility enhancement.

### Patient and Family Fund

American Family Children's Hospital is committed to ensuring that all children receive world-class care whether at a clinic appointment or during a several month hospital stay. By giving to the Patient and Family Fund, you ensure that our patients receive the highest quality care through various programs, including the Family Resource Center, Tyler's Place, Positive Image Center, and Kohl's Safety Center. This fund also supports research and provides families with housing, meals, transportation and emergency assistance. For example, we were able to supply more than 13,000 meals in 2006 to patient families through this fund.

### Beat Childhood Cancer Fund

Our Beat Childhood Cancer Fund supports the pediatric cancer program at American Family Children's Hospital. Your donation to this fund will positively impact local families through direct support programs and by sponsoring pediatric cancer research.

### Child Life Fund

Hospitals can be frightening and overwhelming for anyone of any age, but especially for a child. American Family Children's Hospital helps children understand and cope within a hospital environment. Donations directed to this fund will facilitate hospital staff's work with children and families and provides the toys, games and activities to promote a positive hospital experience. Additionally, gifts to this fund will help support the hospital school.

YES NO May we have permission to list your school on our Web site and other promotional pieces e.g. annual report?

YES NO Would you like an American Family Children's Hospital representative to attend an assembly at your school? If YES, please list date and time: \_\_\_\_\_

**Please mail, fax, or e-mail your form to:**

Kylee Carolfi Malik  
American Family Children's Hospital  
600 Highland Ave.  
Madison, WI 53792-4165

(608) 890-9308 (phone)  
(608) 265-9650 (fax)  
[kmalik@uwhealth.org](mailto:kmalik@uwhealth.org)  
[www.uwhealth.org/kids](http://www.uwhealth.org/kids)