# KEY CLUB

# PEDIATRIC TRAUMA PROGRAM DONATION FORM

SACRUTION INTEGRALATION

RECOGNITION	NINFORMATION:	
Club Name:		
Division:	Region:	
Amount of Mon	ey Submitted: \$	
Money Submitte	ed By:	
Check One:	Club Member or Officer	Kiwanis or Club Adviso
Email:		
Phone Number:		
Please indicate send a thank yo	the mailing address for ou letter:	where we should
Address:		
City:		
State:	Postal/Zip Code:	

### How Your PTP Donation Helps Children -

Grants to our Partner Hospitals: Provides funding to our partner hospitals so they may establish or expand community outreach programs; train doctors and nurses in advanced pediatric courses; and purchase much-needed pediatric medical equipment.

**Grants to Kiwanis and SLP Clubs:** Provides funding for new service projects which seek to prevent and/or treat pediatric trauma, defined as sudden, unintentional physical injury.

**PTP Safety Items:** Available for purchase by Kiwanis and SLP clubs at a subsidized cost.

# Make checks payable and mail to:

Cal-Nev-Ha Children's Fund 8360 Red Oak Street, Suite 201 Rancho Cucamonga, CA 91730 Memo Line: Division ##



#### THANK YOU for your donation to the Pediatric Trauma Program!

