ENROLLMENT FORM

Sign up today to become involved with our *Students Care For Kids* program which benefits the Children’s Hospital at Albany Medical Center! Please return the completed form to receive our Fundraising Kit which includes all of the materials you need to get started on your fundraiser (paper icons, banners, posters, stickers and more).

**Contact Information:**

School, Group, or Organization Name: _____________________________________________________________

School District:________________________________________________________________________________

Grade(s) participating: __________   # of students/group members participating: ____________________________

Teacher or Group Leader: _______________________________________________________________________

Email Address*: ______________________________________________________________________________

School/Group/Organization Address: _____________________________________________________________

City, State: ____________________________________________________ Zip: ___________________________

Phone: (       ) __________________ Cell: (      ) _____________________ Fax: (       ) _______________________

*Our quarterly E-Newsletter will be sent to the e-mail(s) listed above.

**Fundraiser:**

Fundraising start date: ____/____/_____ Fundraising end date: ____/____/_____Event Location: ______________

Is your event open to the public?: □ Yes □ No

Description of Event:

□ $1 Icon Sales  □ Bake Sale  □ Spaghetti Night  □ Car Wash  □ Dance-A-Thon
□ Karaoke Night  □ Bowl-A-Thon  □ Other ________________________________

**Fundraising Kit:** Please indicate how many you will need for your fundraiser:

____banners _____ posters ____brochures ____heart icons ____pumpkin icons ____stickers

Is your school/group on Facebook? If yes, please “like” Albany Medical Center’s page at [www.facebook.com/AlbanyMedicalCenter](http://www.facebook.com/AlbanyMedicalCenter). We can share your progress!

Please mail or fax this form to:

Albany Medical Center Foundation • 43 New Scotland Avenue, MC 119 Albany, NY 12208
Fax: 518.262.4769 • Attn: Kait Ross *Students Care for Kids*

Questions? Contact Kait at:  Phone: (518) 262-8892 | Email: StudentsCare@mail.amc.edu
Website: [www.amc.edu/studentscare](http://www.amc.edu/studentscare)