**CHILDREN’S HOSPITAL LOVE FROM LASERTOMA FORM**

CLUB NAME:

REGION:

DONATED AMOUNT:

NUMBER OF SERVICE HOURS ACCRUED:

DESCRIBE YOUR CHILDREN’S HOSPITAL PROGRAM:

Club Committee Chairperson:

Form must be postmarked/date stamped no later than June 1st to LaSertoma International Children’s Hospital Love from LaSertoma chairman (as listed in the directory.)