



## Participation Form

*Need credit for community service hours related to your participation in Anthem LemonAid?  
Submit this completed form to [vclark@chfrichmond.org](mailto:vclark@chfrichmond.org) to receive a letter of acknowledgment from  
Children's Hospital Foundation.*

Date: \_\_\_\_\_

Full name of person requesting acknowledgement: \_\_\_\_\_

Full name of person who registered the stand: \_\_\_\_\_

Total funds raised at stand: \_\_\_\_\_

To whom should the acknowledgement letter be addressed: \_\_\_\_\_

E-mail or physical address where you would like the acknowledgement letter sent:

\_\_\_\_\_

### **What will be provided:**

Children's Hospital Foundation will send a letter, acknowledging your participation in Anthem LemonAid within 45 days of receiving this completed form. The letter will acknowledge the participant's name, participation in the event, total funds raised and received.

Children's Hospital Foundation CANNOT sign off on any forms as being present and acting supervisor during the participant's stand timeframe.

Please mail your completed form to:

Children's Hospital Foundation  
Box 980693  
Richmond, VA 23298

**Or** e-mail to: [vclark@chfrichmond.org](mailto:vclark@chfrichmond.org)