



MVHS Foundation
 1676 Sunset Avenue, Utica, NY 13502
 P: 315-624-5600
 F: 315-624-5737
 mvhealthsystem.org

Toy Donation Wish List

Thank you for donating toys to the patients and families cared for at the Mohawk Valley Health System. Donated toys and crafts are well loved and are given out all year long at specific events and as special treats.

Guidelines: Donated toys must be new, unused and have been stored in a clean environment. Toys must be in original wrapping or still have tags on it. Toys cannot be of violent nature, latex balloons, or have small parts.

Group Gifts: If you are part of a group organizing donations of toys, please contact our Child Life Specialist (below) for tips, ideas and delivery.

Holiday Gifts! During the month of December, we strive to create a wonderful bright holiday experience for patients and their families. Donated toys make this magic possible and are given out at various in-hospital holiday events and celebrations.

Visitors must call ahead to schedule a visit to the Pediatric Unit. For infection control reasons as well as space limitations, we can allow groups of no more than four people on the unit at one time. All visitors must be in good health and have not been exposed to an illness.

Questions & Contact Information? For more information, please contact our Child Life Specialist, at 315-624-6122.

Infants/toddlers:

- Rattles/ teething rings
- Pajamas with snaps
- Bibs
- Pop up toys
- Musical toys
- Toss and go sippy cups
- Fisher price/ little tykes or playschool items
- TV shows on DVD

Playschool/ School Age

- Fubbles no spill bubbles
- Baby dolls
- Barbie's
- Action figures
- Match box cars
- Boxed puzzles
- Lego's

- Kids underwear
- Board games/ memories game
- Play-doh

Teenagers:

- Head phones
- Speakers
- Phone accessories
- PJ bottoms/ tshirts
- Hair brushes
- Small itunes cards
- Board games
- PS4 games
- Iphone chargers
- chapstick

Arts & crafts

- Crayola crayons/ markers/ pencils
- Small art kits

- Sketch pads
- Coloring books
- Glue. Glue stick

All ages:

- Clothing
- DVDS
- Books

Parents:

Toiletries



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Date: _____

Donated Item(s): _____

Donor, Group, or Organization Name: _____

Contact: _____

Address: _____ City: _____ State ___ Zip _____

Phone: _____ Email: _____

Were these item(s) donated or collected in a special way for a special purpose? If yes, please explain:

MVHS and the deserving children we serve gratefully acknowledge your kind donation and thank you for joining in the commitment to providing the best possible care to the children we care for. Each gift makes a difference in the lives of the children in our community. Donations made throughout the year directly benefit the children cared for at our hospital.

No goods or services were provided in exchange for this donation. All donations made to the Mohawk Valley Health System are tax deductible to the extent allowed by law; however we do not affix value to your donation. It is your responsibility to provide proper value, in the form of receipts, for tax purposes. Please keep a copy of this document for your tax records.

Value affixed by Donor: \$ _____

Y N If the opportunity arises, could we use your story in a hospital publication or press release?

Y N Would you be interested in receiving information about volunteering for upcoming events?

Signature of Donor: _____ Date: _____

Signature of MVHS Rep: _____ Date: _____

Questions? Please contact our Child Life Department at 624-6122. Please print two copies. One for donor, one to leave at a staffed information desk with donated gifts.