



# Fund-A-Family Program

## Program Description

### **Summary:**

The Miracles for Kids Fund-a-Family Program is a donor-to-family matching program. The Program's purpose is to match a donor with an individual child battling a life-threatening illness and their family. This Program is for those wishing to create a more direct and personal connection through their charitable giving. The Fund-a-Family Program serves families within our Miracles for Kids Grant Program, which currently operates exclusively at Children's Hospital of Orange County (CHOC), in Orange, California. *Donations through the Fund-A-Family Program are 100% tax deductible.*

### **A Personal Connection:**

Through the Fund-a-Family Program, you will learn about a family struggling to survive while supporting a child who is undergoing treatment for a life-threatening illness at CHOC. You will learn the family's background, their current financial situation, and why they are in desperate need of assistance. You will then have the option of determining how you would like to assist the family with their needs. Many families struggle with rent, transportation costs, food, gas or other bills, childcare costs for siblings, and insurance payments, among others. The type of support you provide, as well as the amount and length of time you wish to support the family, is your choice. Throughout the time that you are matched, you may wish to introduce yourself or your family through a personal letter, email, or photo, or by possibly meeting the family if they are willing. You also have the option to remain anonymous. The Fund-a-Family Program is completely tailored to your wishes as a donor.

### **Become a Fund-a-Family Program Participant:**

To become a Fund-A-Family Program Participant, please complete the attached application and submit it to Miracles for Kids by email, fax or mail. We will review your application and contact you to discuss any specific wishes you have for connecting with a recipient family. The process for matching you to the appropriate family is a delicate process, and may take up to 30 days. We ask for your patience during the initial matching process.

Thank you for considering the Fund-a-Family Program. We look forward to working with you to make the difference in the life of a critically ill child and their family.

**Please submit the attached form to Miracles for Kids at:**  
15375 Barranca Parkway, Suite A208, Irvine, CA 92618  
Phone: (949) 878-KIDS (5437) Facsimile: (949) 333-3233  
Email: [donations@miraclesforkids.org](mailto:donations@miraclesforkids.org)

Miracles for Kids is a registered 501(c)(3) organization. Tax ID#91-2160616.



## **Fund-A-Family Program**

### **Donor Application Form**

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

*Personal Information*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Number: (        ) \_\_\_\_\_ Cell Number: (        ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

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*Level of Support*

*Please indicate the amount you wish to donate, and whether you wish to give a one-time donation or provide monthly support. We will contact you to discuss payment options.*

One Time Donation:     \$ \_\_\_\_\_  
Monthly Donation:     \$ \_\_\_\_\_                      Number of Months: \_\_\_\_\_

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*Family Interaction*

*Please indicate the type of interaction you are interested in having, if any, with the recipient family.*

Are you interested in corresponding with the child or family?	YES	NO
Are you interested in meeting the recipient child or family?	YES	NO
Would you like to remain anonymous?	YES	NO

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*Match Request*

*Please indicate if you have any requests when matching you to a child and family. If not, please leave section blank.*

Gender:     M     F  
Age or Age Range : \_\_\_\_\_  
Disease Type: \_\_\_\_\_  
Other: \_\_\_\_\_  
Reason for request: *(not required)*

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