

**2017 Nebraska Medicine Adopt-A-Family  
Department Questionnaire**

Department Name: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

1 – Estimated monetary donation from your department: \$ \_\_\_\_\_  
(This information helps match the family needs with the department donation)

2 – Our department is planning to purchase: \_\_\_\_\_ Gift cards only  
(Please check all that apply) \_\_\_\_\_ Gift cards and gifts  
\_\_\_\_\_ Gifts only  
\_\_\_\_\_ Gift cards for food  
\_\_\_\_\_ No preference

3 – Will you be wrapping the gifts you have purchased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Thank you for participating!

**Please return this form no later than Tuesday, Oct. 31, to Cyndi Valeika at  
[cvaleika@nebraskamed.com](mailto:cvaleika@nebraskamed.com). You can also fax it to 402.559.4668**