

# CHF Molly's Dolly Application Form



Name of heart child .....

Date of Birth of heart child .....

Heart Condition .....

Cardiac Unit .....

Name of Professional .....

Role/Position .....

Professional's Signature .....

Professional's email address.....

Name of parent/s or guardian (Mr/Mrs/Ms) .....

Address .....

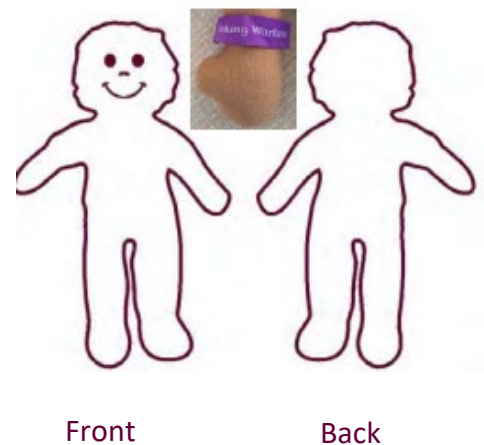
..... Postcode .....

Telephone ..... Email .....

## Personalise Your Molly's Dolly

Carefully add scars to the figures on the right to have them replicated on the doll and/or circle the "Taking Warfarin" bracelet for Warfarin users.

Put a circle round the picture of your chosen Molly's Dolly.



If you would like to make a donation in return for your Molly's Dolly it will help us to improve the programme and provide other families with support either send a cheque made payable to the Children's Heart Federation or visit [www.chfed.org.uk](http://www.chfed.org.uk) for other ways to donate. Thank you.

Return your application to: Molly's Dolly HQ, Children's Heart Federation, Suite 12, Lakes Industrial Park, Braintree, Essex, CM7 3RU email: [volunteers@chfed.org.uk](mailto:volunteers@chfed.org.uk)  
For help or information call: 0300 561 0065