



**Adena Health Foundation**  
**COVID-19 Donation Item Description**

Thank you for your interest in assisting with supply needs for the COVID-19 Pandemic. Your generosity is appreciated and welcomed during this time of uncertainty.

Please complete the following information at the bottom of this form and include this form with your donation. This form will stay with your donated items.

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Please Circle:    Cell    Home    Office

E-mail address: \_\_\_\_\_

☐ Please make my gift anonymous

**Please list donated items:**

Item donated	Number of items	Value/Comments
N95 Masks		
Surgical Masks		
Homemade Masks		
Eyewear		
Hand sanitizer		
Exam Gloves		
Isolation Gowns		
Sanitizer wipes (Clorox)		
Other item		

Thank you for your generosity and concern for our caregivers. Any questions, please contact [donations@adena.org](mailto:donations@adena.org)