



COVID-19 Donation Form

Donor Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Landline/Business (circle one)

Email: _____

Description of Donation (please include all items with quantity and estimated value):

ITEM	QUANTITY	ESTIMATED VALUE

Signature: _____ Date: _____

*An acknowledgment letter will be sent to you for tax purposes, but it is up to the donor to value an in-kind donation.
Please keep a copy of this form for your records.*