

Donation Information

Does your agency accept ongoing, non-monetary donations in support of programs/services?

_____ Yes _____ No

Please specify types of items taken:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Furniture | <input type="checkbox"/> Toys/Games |
| <input type="checkbox"/> Baby furniture/items | <input type="checkbox"/> Grocery Items | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Household Items | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clothing (Adult) | <input type="checkbox"/> Hygiene/Personal Items | |
| <input type="checkbox"/> Clothing (Children) | <input type="checkbox"/> Medical Equipment | |
| <input type="checkbox"/> Clothing (Infant) | <input type="checkbox"/> Office equipment/furniture | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Office supplies | |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Paper/cleaning supplies | |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Pet items | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Tools | |

Date this form filled out: _____

Donation Coordinator: _____

Hours Donations are Taken: _____

Do you offer pick-up service for donations?: _____ Yes _____ No

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