

Disaster Response and Relief Donations Form (DON-1)				
Date		Contact name other than donor		
Donor Name				
Donor Organization		Alternate contact phone #		
Address				
City		Alternate contact email		
State				
Zip Code		Notes:		
Phone #				
Cell #				
Email				
Drop off location:				
These items are received in good condition by:				
These items can be picked up at: (address)				
These items can be picked up on (date and time)				
Donated Item(s)	# Unit(s)	\$ Value	Total Cost / Value	
Initial				
	I certify that all items listed herein are my personal or corporate property and all items are donated for disaster response or relief purposes.			
	I agree that all items listed herein may be used by the (name of government agency) for disaster response and relief purposes at it sees fit and I make no further claim upon these items.			
	I hereby certify that all items listed herein have no expiration dates, or if any items do have expiration dates, those items are currently not past their expiration dates.			
Printed Name		Date		
Signature				

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