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| Donation of Equipment |  |

# Instructions

Please complete this form with as much detail as possible to enable us to provide the correct labelling and packing advice for the goods you want to donate. You can upload this form on our website or alternatively you can attach this to an email sent to [donations@clinics4life.com](mailto:donations@clinics4life.com). We will respond within 24 hours. For additional items please append a second page.

# Donor Information

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | Medika Life | Street Address  Including City, State,  and ZIP Code |  |
|  |
| Telephone |  | Fax |  |
| Contact Email |  | Web Site |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description |  | Quantity |
| Item 1 |  |  |  |
|  |  |  |  |
| Item 2 |  |  |  |
|  |  |  |  |
| Item 3 |  |  |  |
|  |  |  |  |
| Item 4 |  |  |  |
|  |  |  |  |
| Item 5 |  |  |  |
|  |  |  |  |
| Item 6 |  |  |  |
|  |  |  |  |
| Item 7 |  |  |  |
|  |  |  |  |
| Item 8 |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |