

Heart to Heart Care Kits

Donation Information Sheet

Date: _____

Donor Information

Name of Donor: _____

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Amount of check enclosed: _____

Care Kit Information

Date the Kits were shipped to our warehouse: _____

Via what transportation carrier: _____

of boxes shipped: _____ X # of Kits per box: _____ = Total # of Kits donated: _____

Briefly describe the group that put these Kits together and why you want to donate them to Heart to Heart:

Receipt Information:

Would you like a receipt for your donation: _____ Yes _____ No

Gift in Kind Agreement

I AGREE TO THE FOLLOWING:

Heart to Heart International has the right to distribute these Gift in Kind items for humanitarian relief to any place in the world. Heart to Heart International is not responsible for assigning a dollar value to the contribution. The donor is responsible to declare the fair market value.

Released by: _____