DONATION IN-KIND APPLICATION FORM

Please complete the application and send it to ashley.moore@nlhealthservices.ca.

Please choose one of the donation delivery options:

☐ Delivered to the Janeway Children's Health and Rehabilitation Centre

☐ Donation by mail.

Please Note: ***The Holiday donation deadline is Wednesday, December. 15th, 2021.***

Part 1: Donor Information		
Name/Contact Person:		
Organization (If applicable):		
Phone Number:	**Email:**	
Mailing Address:		
City:	**Province:**	**Postal Code:**
Part 2: Details of Donations		
Donation Description:		
Description of intended use of Donation:		
Quantity:		

Donors Signature: X_____ **Date:** Click here to enter a date.

FOR OFFICE USE ONLY

✓ Donor has been contacted	Date Contacted: Click here to enter a date.
☐ N/A	✓ Donor has been given a designated drop off time.
Designated Drop Off Time: Date: Click here to enter a date.	Time: Click here to enter text.
✓ N/A	☐ Donor has been provided with instructions on how to mail donation and mailing address provided.

On behalf of the Janeway Children and Rehabilitation Centre, I _____ have received the above donation.

Signature: _____ Date: _____ Time: _____
M/D/Y