

COMMUNITY DONATION OF GOODS

Donor Name (please print):			
Organization:			
Donor Address:			
City:	State:	Zip:	
Telephone Number:	Email Address:		
Description of Donation:			
Approximate Value of Donation:	\$		
Hand Assembled and HomemadeBlankets/Quilts Mittens Approximate Number of Hours Sp	BootiesHats/Caps	PillowsActivity Kits	
	olished guidelines for donated go	our life through patient-centered care. In boods to ensure the safety of our patients.	
 Due to infection control grackaging. 	uidelines, all items for patient us	se must be new and in the original airtight	
 All hand assembled and he cigarette smoke or other or 	•	pe free from pet hair, strong perfumes,	
Due to safety regulations,	we do not accept any items that	t are gift wrapped.	
	s may be accepted for waiting robe reviewed for suitability.	oom use. Title, date, and content of	
Donations must be political	 Donations must be politically and religiously neutral. 		
 We do not accept items that contain a corporate or company logo. 			
 We do not accept toys that will be accepted. 	t depict violence in any way. No	guns, swords, "action" or fighting figures	
 Because many of our patie our patients. 	ents are on special diet requirem	nents, it is not possible to donate food for	
for being accepted. I understand t	he items I am donating will be ir	erify that my donation meets all criteria aspected prior to being distributed and another worthy charity or discarded.	
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