

**DONATION IN-KIND APPLICATION FORM**

Please complete the application and send it to [heather.bishop@easternhealth.ca](mailto:heather.bishop@easternhealth.ca)

**Please choose one of the donation delivery options:**

Delivered to the Janeway Children's Health and Rehabilitation Centre

Donation by mail

***Please Note: For Holiday donations the deadline is December 15th***

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **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 Health and Rehabilitation Centre, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received the above donation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

M/D/Y