

**DONATION IN-KIND APPLICATION FORM**

Please complete the application and send it to 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***

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| **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