

IN-KIND DONATION 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 a week prior to Christmas.

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

<input type="checkbox"/> Donor has been contacted	Date Contacted: Click here to enter a date.
<input type="checkbox"/> N/A	<input type="checkbox"/> 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.	
<input type="checkbox"/> N/A	<input type="checkbox"/> 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