

# Donation Form

### Donor Information:

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Donor/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Quantities: Computers/Tablets \_\_\_\_\_ Laptops \_\_\_\_\_ Monitors \_\_\_\_\_ Printers \_\_\_\_\_

Tax Receipt Requested?    YES ☐    NO ☐

***PLEASE LEAVE BELOW CLEAR. FOR WORKSHOP USE ONLY***

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PRINTERS				
BRAND	MODEL	TYPE	F/F	QTY

MISC	QTY

HD Quantity:		
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Misc Quantity: