

Arms Wide Open CDC

Medical in Confidence

DONATION FORM

DURABLE/DISPOSABLE MEDICAL EQUIPMENT

Donating Agency/Person Name: _____ **Date:** _____

Address: _____

Phone #: _____

I would like to donate the following item(s) to your agency:

- Wheelchair _____
- Walker _____
- Crutches _____
- Cane _____
- Commode _____
- Nebulizer _____
- Raised toilet seat _____
- Bath transfer bench _____
- Versa frame _____
- Tub grab bar _____
- Personal Care Items _____
- Other _____

Signature

Date

All donations are tax deductible. If you need a "Letter of Donation" check
____yes/ ____ no. The equipment will be pick-up within 72 hours.

FAX TO: (770) 498-2778

www.armswideopen.org

email: hmkennet@aol.com

"Embracing People with Specials Needs at their level of need"