



RECIPIENT APPLICATION FORM

Applicant information

Name:

Address:

Telephone/Contact No.:

Birth date:

I attest that we are in need of the item/s that we would be receiving from your organization. We further attest that we are currently financially lacking to purchase these items. We agree not to sell, barter, return to the donor, sell in flea markets, raffles, etc. any of the donations we received from your organization. These donations would be for individual use.

Name

Signature

Date

Approval

Approved

Denied

Officer Name

Signature

Date