

EQUIPMENT DONATION FORM

PLEASE NOTE: Your donation form must be accompanied by a current picture(s) of the piece(s) of equipment being donated, so we can determine whether we are able to accept it.

If you wish to receive an income tax receipt for your donation, it must be accompanied by a written evaluation from a reputable dealer.

THIS IS A FILLABLE PDF FORM. YOU CAN:

- 1) Fill it out electronically, then rename and save it, attach it to an email message and send it to the email address noted below, or
- 2) Print the form, enter the details below and mail it to us at the address noted below.

THANK YOU FOR YOUR DONATION!

NAME: _____ FIRST _____ LAST _____ DATE: _____ MONTH / DAY / YR _____

ADDRESS: _____ STREET ADDRESS _____ SUITE / APT. # _____

_____ CITY _____ PROVINCE _____ POSTAL CODE _____

TEL: _____ CELL: _____

EMAIL: _____

ARE YOU A LANGLEY POS-ABILITIES SOCIETY MEMBER? Yes No

HOW DID YOU HEAR ABOUT US? _____

WHAT CATEGORY OF EQUIPMENT ARE YOU DONATING?

- | | | |
|----------------------------------|---|-------------------------------|
| <input type="radio"/> Scooter | <input type="radio"/> Lift Chair | <input type="radio"/> Sight |
| <input type="radio"/> Wheelchair | <input type="radio"/> Walker | <input type="radio"/> Hearing |
| <input type="radio"/> Powerchair | <input type="radio"/> Bathroom Safety Equipment | <input type="radio"/> Other |

DETAILS (Please give us as many details as possible, eg. "Powerchair for tall heavy adult, needs new battery", or "Scooter in nearly new condition for small adult; has carrier basket and sun-shade"). We will be contacting you to arrange for pick up.

Make: _____ Model: _____ Year: _____ Colour: _____

Additional Equip./Accessories: _____

ESTIMATED VALUE OF DONATION

We take your privacy very seriously; your information is not shared with any other agency or organization without your written consent.