



COVID-19 IN-KIND DONATION FORM

Please bring a completed copy of this form with you to the PPE drop-off location of your choice, along with your items.

Item(s): _____

Value: _____

Company / Donor Name: _____

Dr. / Mr. / Mrs. / Ms. **(Please Circle One)**

Contact Name: _____

Phone Number: _____

Home / Mobile / Business **(Please Circle One)**

Email Address: _____

Personal / Business **(Please Circle One)**

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Address (If Applicable): _____

City: _____ State: _____ Zip Code: _____

St. Luke's Contact (If Applicable): _____