

LIMBS FOR LIFE FOUNDATION IN KIND DONATION FORM

Complete this form, enclose with the donated prosthetics and send to: Limbs for Life, 9604 N May Ave, Oklahoma City, OK 73120

Thank you for your donation!

| Donor Nam | e | | | | | |
|---|---|--------------|--|------------|-----------------|------|
| Address | | | City | _ | _ State | _Zip |
| Phone | | | E-mail | | | |
| Signature _ | Date | | | | | |
| | Acknowledgement of this donation will be sent to the person/address above | | | | | |
| | | Limbs fo | or Life cannot place a value on | your items | S | |
| | The followin | g items are | e enclosed for donation to the | Limbs for | Life Foundation | ո։ |
| Quantity | Prostheti | c Limbs | | | | |
| | Leg - Below Knee | | | | | |
| | Leg - Above Knee | | | | | |
| | Arm - Below Elbow | | | | | |
| | Arm - Above Elbow | | | | | |
| | Other pro | osthetic par | rts | | | |
| Prosthetic Textile Products – liners, socks, sleeves, shrinkers (Unopened, unused only) | | | | | | |
| | | | ept other durable medical equ List Inventory Name | ipment, or | thotics, braces | |
| | | | | | To Inventory | |
| | | | | | , | • |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Received by Date Received | | | | | | |