



## LIMBS FOR LIFE FOUNDATION IN-KIND DONATION FORM

Complete the top portion of this form, enclose with the donated prosthetics and send to:  
**Limbs for Life, 9606 N May Ave, Oklahoma City, OK 73120**  
*Thank you for your donation!*

Donor Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***[Acknowledgement of this donation will be sent to the person/address above]***

**Limbs for Life does not accept durable medical equipment, orthotics, braces, shoes, etc.  
and cannot place a monetary value on your items for tax purposes.**

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE/RECEIPT PURPOSES ONLY**

Adapter		
Belt		
Cosmetic Cover		
Distal Cup		
Foot		
Foot Shell		
Gel/Silosheath		
Hip Joint		
Knee (Mechanical)		
Knee (Microprocessor)		
Liner		
Lock		
Miscellaneous Parts: _____		
_____		

Plate Attachment		
Pump		
Pylon		
Rotator		
Seal Ring		
Sheath		
Shrinker		
Sleeve		
Sock (non-wool)		
Spacer		
Tube Clamp		
Valve		
Other: _____		
_____		

Received by \_\_\_\_\_

Date Received \_\_\_\_\_