

reStart, Inc. Donation Form

Donor: _____ **Date:** _____

<u>Items Being Donated</u>		
1.	4.	7.
2.	5.	8.
3.	6.	9.

Pick Up **Drop Off**

(Please advise donor we will call to arrange pick up within 48 hours.)

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Signature: _____ **Date:** _____
(Of person receiving information)

Date of Pick Up: _____

Items Picked Up		
1.	4.	7.
2.	5.	8.
3.	6.	9.

Were All Items Picked Up As Requested: Yes _____ No _____

Donor Signature: _____ **Value of donation :** _____

Other Arrangements: _____ **Date:** _____

Employee Signature: _____

Items were placed : _____

Thank You Letter Desired: Yes _____ No _____