

Donor Interest Form

Name of Organization:		
Point of Contact or Lead Name:		
First:	Last:	
Today's Date:		
Street Address		City
Primary Phone	Cell Phone	Email
Can you deliver your donation?	Pick-up address, if delivery is not possible.	
Pick-up Instructions:		

Availability of Donation (Check all boxes that apply.)

	M	T	W	Thu	F	Sa	Su
Morning							
Afternoon							
Evening							

Length of Time available (e.g., 1 week, 1 month, open) _____

Geographic Area: Please circle the geographic area(s) where the donation can be distributed.

Home City Only _____

No Restrictions _____

RESOURCES OFFERED:

<i>Donation Item</i>	<i>Size or Amount</i>	<i>Details</i>

Donor Interest Form

For Official Use Only

Interviewer Name:	Date	Contact Number	Date Referred	Order Filled

Comments:

Disposition of Donation:

Item (s) Accepted	Assigned To	On Hold for	Denied	NOTES:

Follow Up Required:

Donations Logged in Database/Excel Date: _____

Thank you from City: Assigned to: _____ **Date Sent:** _____