

ITEM DONATION FORM – INDIVIDUAL

Please provide the following information for each donor.

DONOR CONTACT INFORMATION

Donor name: _____ Donor signature: _____

Date of Donation: _____

Address: _____

Contact name: _____

Phone number: _____ Email: _____

DONATION:

This shipment includes:

EXAMPLE:

15 (quantity) of **Sibling Care Kit** (item) total value of items **\$50**

_____ (quantity) of _____ (item) total value of items \$ _____

_____ (quantity) of _____ (item) total value of items \$ _____

_____ (quantity) of _____ (item) total value of items \$ _____

Please ship to:

FOR FEDEX AND USPS SHIPMENTS
March of Dimes Fulfillment Center
c/o Lamar Glidewell
200 Charis Drive
Moody, AL 35004
Phone: 205-947-4530

FOR UPS SHIPMENTS
March of Dimes Fulfillment Center
c/o Lamar Glidewell
930 Markeeta Spur Road, Building 2,
Suite 1, Moody, AL 35004
Phone: 205-947-4530