



# COVID-19 Supply DONATION FORM

Date\*: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Company/Individual Name\*: \_\_\_\_\_

Contact Name (if company): \_\_\_\_\_

How would you like to be listed in acknowledgement publications? \_\_\_\_\_

This gift is anonymous

Address\*: \_\_\_\_\_

Telephone\*: \_\_\_\_\_ Email: \_\_\_\_\_

Have the item(s) come into contact with anyone who has a cough, sore throat, or fever\*? **Yes** **No**

Have the item(s) been exposed to anyone who has tested positive for COVID-19\*? **Yes** **No**

*If you did not answer no to both questions, the Foundation may not accept your donation.*

Description of donation items and approximate quantities\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special directions if arranging for your donation to be picked up: \_\_\_\_\_

*\*Required fields*

**Call the Foundation at 231-487-3500 to arrange drop-off or pick-up of donations.**

<p><u>To be completed by Foundation</u></p> <p>Quantity: _____</p> <p>Accepted by: _____</p>
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McLaren Northern Michigan Foundation • 360 Connable Avenue • Petoskey, Michigan 49770

Phone: 231-487-3500 Fax: 231-487-7798 [foundation@northernhealth.org](mailto:foundation@northernhealth.org)

**Please include form with donations**