

# Donation Confirmation Form



GENERAL INFORMATION				
Your Name:		Company Name:		
Address:		City:	State:	Zip Code:
Phone:		Email:		
If tax receipt should be sent to someone other than the contact specified above, please provide the following:				
Name:		Email:		
Address:				
DONATION INFORMATION				
Description of product (sizes, styles, types, color, etc.) <i>Please provide pictures of product, if available</i>	# of units	Price per unit	Total price	Expiration date, if applicable
Total value of donation		\$		
Select the Formula that most accurately reflects the valuation basis used:				
Retail Sales Value		Wholesale Sales Value		Manufacturing Cost
What is your preference for distribution of your donation?				
Domestic Only		International Only		Where Most Needed
Additional restrictions, if applicable				
LOGISTICS INFORMATION				
Timeline for donation to be shipped:		Are you able to provide transportation for your donation to a destination within the United States?		
		Yes    No		
Name of shipping contact:		Telephone:	Email:	
Address of product location:				
Estimated donation quantity at pick up location				
Pallets:		Truckloads:		Other:
How will the product be shipped?				
On pallets:		Floor loaded:		Other:
SIGNATURE				
Signature		Date	Title	

Email your completed form to  
[GIKDonations@WorldVision.org](mailto:GIKDonations@WorldVision.org)