**DONATION INQUIRY FORM**

Donor’s Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Items to be Donated

|  |  |  |
| --- | --- | --- |
| **Description** | **Quantity** | **Approved (Y/N)** |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

Preferred Delivery Day(s) / Time(s)

Monday: Click or tap here to enter text.

Tuesday: Click or tap here to enter text.

Wednesday: Click or tap here to enter text.

Thursday: Click or tap here to enter text.