



**DONOR FORM**

DONOR: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE:(work)\_\_\_\_\_ (fax)\_\_\_\_\_ (email)\_\_\_\_\_

DESCRIPTION OF DONATED ITEM, SPECIAL CONSIDERATIONS & EXPIRATION	
_____	
_____	
_____	
_____	
DONOR'S ESTIMATED VALUE: _____	
_____	_____
Signature	Date

The signature of the donor indicates that this object or service has been given to Napa Emergency Women's Services without restriction. The donor hereby waives and releases any and all claims which hereafter arise against Napa Emergency Women's Services or against any of its officers, employees or agents for loss or damage to the object, however caused or occasioned, and whether or not due to the negligence of Napa Emergency Women's Services or any of its officers, employees or agents.

Thank you!

FOR OFFICE USE:

NEWS Contact: \_\_\_\_\_  
(Item solicited by)

Received/Picked-up by: \_\_\_\_\_ Date Received: \_\_\_\_\_