

Donation Form for FIAI Warehouse

Dear Donor,

Please fill this form, then sign and return it to Justin.Broady@BaylorHealth.edu for North Texas Division and Matthew.Hoffman@Baylorhealth.edu for Central Texas Division

Donation Information:

Full Name: _____

Title: _____

Hospital Location: _____

Department Name: _____

Supervisor's Name: _____

Supervisor's Approval to Donate Items: _____

Pick up Date: _____

Items Inventoried prior to release?: _____

Please List Items that are being donated to Faith In Action Initiatives:

Item No	Item Description	Quantity

Your Signature: _____ Supervisor's Signature: _____

Contact Number _____ Date: _____

★ *This gift is received with gratitude by BSWH's Faith In Action Initiatives. We accept the donations with the understanding that the donation is already inventoried and ready to be released. If the donation has to be recalled by the donor department, kindly alert us immediately and the donating department is responsible for collecting the goods from the Faith in Action warehouse.*