



A COMMUNITY THAT SHARES (ACTS)

P. O. BOX 54

BUSHWOOD, MD 20618-0054



A United Way Member

### DONATION FORM

Donor: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Equipment Donated:

1. \_\_\_\_\_ Est. Value: \_\_\_\_\_

2. \_\_\_\_\_ Est. Value: \_\_\_\_\_

3. \_\_\_\_\_ Est. Value: \_\_\_\_\_

4. \_\_\_\_\_ Est. Value: \_\_\_\_\_

5. \_\_\_\_\_ Est. Value: \_\_\_\_\_

6. \_\_\_\_\_ Est. Value: \_\_\_\_\_

**DONATION STATEMENT:** I/we hereby release to the custody of ACTS the aforementioned property without consideration for monetary compensation

It is understood that this equipment is being donated to ACTS and will become the sole property of that organization to use in a manner consistent with the organization's by-laws.

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ACTS is a non profit organization dedicated to the wellbeing of the community. The costs incurred by the organization are paid for by donations. All associates working for the organization are doing so on a voluntary basis.

Your donation is greatly appreciated and will allow persons needing the use of medical equipment the opportunity to know that you were truly a part of A Community That Shares.

ACTS is a 501(c)3 tax exempt organization. This donation maybe tax deductible to the extent allowable by law. Please consult with your tax representative

ACTS representatives are not qualified to provide an estimated amount for your donations. Please consult with a qualified estimator to determine the amount of deductible expense for your donation.

ACTS Representative Signature . \_\_\_\_\_

Date: \_\_\_\_\_