Atlantic Health

Volunteer & Guest Services Donation Intake Form

Date _____ Receipt Attached (Please circle) Y N

Donor Name _____

Organization/or School_____

Address_____

City/State/Zip Code_____

Contact Number_____Email_____

*****Please note that receipt of purchase must be attached to receive credit**

Donation Category **Please remember all items must be new**	**Details** **(Please place # of items next to each donated item)**
Comfort Cart Items	__Puzzle Books __Playing Cards __Notebooks __Pens/Pencils __Coloring Books __Crayons (Boxes) __Colored Pencils __Washable Markers __Sleep Mask __Hairbrushes __Deodorant __Fans (w/batteries) __Hair Supplies __Other (Please comment) _____
Blankets	___No Sew ___Purchased
Care Items	__Baby Dolls ___Stuffed Animals __Squishy Toys __Fidget Toys
Gift Cards	__Amazon: Amount $_____ __Dollar Tree: Amount $_____
Staff Motivation Cart	__Pre-packaged Snacks (# of boxes/bags)
Cards for Patients/Residents	___# of cards made

For Staff Use Only
Received by: _____ Hours Given_____
Circle One: Certificate Needs Thank You Card

Volunteer and Guest Services
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