



DME DONATION FORM

First Name _____

Last Name _____

Company _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____

Estimated total value of donation \$ _____

Description of device and condition: (N = New/unused, E = Excellent, G = Gently used, F = Fair, P = Poor)

1. [] _____

2. [] _____

3. [] _____

4. [] _____

5. [] _____

Signature _____

Check box if you would like a receipt of your donation.

Check box if you would like to join our mailing list.

**Please send all donations to:
Limb Care Foundation Inc.
8359 Elk Grove Florin Road, Suite 103 #306
Sacramento, CA 95829**

By signing this form, you are claiming that all information provided is accurate to the best of your abilities. Any donations received without properly completing this form will be considered an anonymous donation.