



CHILDREN'S DISPENSARY

"A PLACE TO BE ME"

Mission Statement: To enhance the learning and enrich the lives of people with special needs.

Donor Form

Please print information here:

Donor _____

Contact Person _____

Mailing Address _____

City/State/ZIP _____

Phone _____ Fax _____ Cell _____

E-mail _____ Web Site _____

Merchandise

- Donor will deliver between 10 a.m. and 3 p.m. Mon-Thurs.
- Children's Dispensary will pick up

Gift Certificate

- Enclosed
- Children's Dispensary will make my gift certificate

Item(s): _____

Value: _____

Please write a detailed description of your item(s). Be very explicit as this will help us accurately describe it. _____

Total Quantity: _____

Conditions/limitations (specific locations, time period, etc.) _____

Authorized Signature _____ Date _____

Donated items will be used at discretion of the Children's Dispensary.

Please mail or fax form to Doris Ann Doyle, Executive Director

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E-mail: cdaplacetobeme@sbcglobal.net Web Site: www.childrensdispensary.org