



Donor Procurement Form

Donor Name: _____

As it is to appear in the RCW literature

Contact Person: _____

If different than above

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Item including any limitations, conditions and/or expiration dates:

_____ Value: _____

Donor Signature: _____

The Item/Gift Certificate:

_____ Accompanies Form _____ Please Schedule a Pick-up

_____ Donor Will Deliver by: _____

_____ RiteCare of Washington to Make Gift Certificate for Donated
Item