The Gift Of A Helping Hand Charitable
For Corporate Partners Product Donation Agreement Form

Company Name: _____

Full Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____-_____

Business No.: ( ) _____ Business Fax No.: ( ) _____

Company E-mail Address: _____

Contact Person Name:: _____

Contact Person Address: _____

City: _____ State: _____ Zip Code: _____-_____

Business Phone Number: ( ) _____ Business Fax Number: ( ) _____

Home Phone Number: ( ) _____ Work Number: ( ) _____

Cellular No.: ( ) _____ E-mail address: _____

By continuing to the Product Donation Agreement form you are certifying that you are authorized to confirm that your company is pledging to make donations to The Gift Of A Helping Hand Charitable Trust as described in the Product Donation Agreement form.

Donation Information:

Quantity	Donation Type	Donation Description	Donation Available by Date	Approximate Gross Weight	Condition of Donation

Transportation of Donation

- I will donate the shipping overseas to the end destination ☐
- I will donate the shipping to The Gift Of A Helping Hand Charitable Trust location ☐

Comment/Restrictions

I confirm by completing and submitting this product donation form I am authorized by our company to pledge this product donation as described in the Product Donation Agreement Form to The Gift Of A Helping Hand Charitable Trust.

_____ _____/_____/_____

Contact Person Signature Date