

Operation Iraqi Children

Donation Information Sheet

Date: _____

Donor Information

Name of Donor: _____

School or Organization (if applicable): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

How did you hear about Operation Iraqi Children? _____

School Kit Information

Date the Kits were shipped to OIC Warehouse: _____

Via what transportation carrier: _____

of boxes shipped: _____ X # of Kits per box: _____ = Total # of Kits donated: _____

Briefly describe the group that put these Kits together and why you want to donate them to Operation Iraqi Children.

Would you like an acknowledgement letter for your donation?: _____ Yes _____ No

Gift in Kind Agreement

I AGREE TO THE FOLLOWING:

Operation Iraqi Children will do our best to send these Kits to Iraq. In the case that we are unable to ship these Kits to Iraq due to circumstances beyond our control, please sign below to release these Kits for humanitarian use in another needy area of the world. Operation Iraqi Children is not responsible for assigning a dollar value to the contribution. The donor is responsible for declaring the fair market value.

Released by: _____