

General Information

Name:	Company Name:		
Email:	Phone Number:		
Address:	City:	State:	Zip Code:
<i>A tax receipt will be issued upon receipt.</i>			

Donation Information

Donation of product <i>(size, styles, types, color, etc.). Please provide pictures of product, if available.</i>	# of units:	Price per unit:	Total price:	Expiration date: <i>(If applicable)</i>

Total value of donation:

Select the formula that most accurately reflects the valuation basis used:
 Retail Sales Value
 Wholesale Sales Value
 Manufacturing Cost

Preference for distribution of your donation:
 Domestic Only
 International Only
 Where Most Needed

Logistics Information

Name of shipping contact:	Phone:	Email:
Address of product location:		
Timeline for donation to be shipped:		
Would you be willing to provide shipping support?	<input type="checkbox"/> Yes, donor will arrange and pay for shipping costs	<input type="checkbox"/> Yes, World Vision will ship, and donor will reimburse shipping costs <input type="checkbox"/> No
If you would like to provide shipping support, are there any shipping support limitations?		
Pallet count _____ Pallets total	Truckload count* _____	Other _____
<small>*assuming 53-foot trailer</small>		
How will the product be shipped?	<input type="checkbox"/> On Pallets <input type="checkbox"/> Floor loaded	<input type="checkbox"/> Other

Signature

Signature:	Title:	Date:
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Email your completed form to GIKDonations@WorldVision.org