



GLOBUS RELIEF

YOUR NON PROFIT SOLUTION TO IMPROVED HEALTHCARE WORLDWIDE

Donation Form

Thank you for your donation!

WE WILL MAIL YOUR RECEIPT SHORTLY. PLEASE PRINT CLEARLY BELOW

Date: _____ **Shipping Method:** _____ **Drop Off** _____ **Freight** _____ **Globus Truck** _____

To whom should we send the Thank You Letter? _____

Organization name: _____

Phone: _____ **E-mail:** _____

Address: _____

Street

City

State

Zip

____ Yes _____ No Is this your first donation to Globus Relief?

____ Yes _____ No Would you like to be on our e-mail list?

____ Yes _____ No Do you wish to remain anonymous?

____ Yes _____ No I permit Globus Relief to distribute my donation wherever they deem it is most needed.

Restrictions, if any:

Quantity _____ **Product Description** _____ **Donation ID** _____

Example: 2 Boxes _____ Gauze, bandages, and mixed wound care supplies _____ Office use only _____
