



## Application for Donation

Hands of Hope Northwest Inc. is pleased to consider your organization's request for medical equipment and supplies. Please give us some information about you and what you are requesting.

Name of your organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Does your organization have 501(c)3 status?: \_\_\_\_\_

EIN: \_\_\_\_\_

Date requested: \_\_\_\_\_

Date needed by: \_\_\_\_\_

What is the mission of your organization?:

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How will the donation from Hands of Hope NW be used?:

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Use the next page to list items you are especially interested in receiving. We will do our best to fulfill your request, but we do not always have every item in stock.

**Note:** Please allow a minimum of four weeks to process your application and prepare your shipment.



**Disclaimer of Warranties and Liability by  
Hands of Hope Northwest, Incorporated  
Waiver by undersigned of claim to Indemnity and Legal Defense**

The medical supplies, equipment, materials and other items available from Hands of Hope Northwest, Inc. are items that would have been discarded or otherwise disposed of by hospitals or health care providers in the United States. These materials are being made available strictly on an as is basis for humanitarian use. Neither Hands of Hope Northwest nor any donor organization make any representations or warranties, either expressed or implied, as to the condition of the materials. The recipient organization accepts the materials as is, with all faults, and acknowledges that the inspection for any defects and the safe operation of said materials is solely the responsibility of the recipient organization.

Hands of Hope NW and the recipient organization recognize that this agreement shall release Hands of Hope NW and the donor facilities from any and all liability for personal injury and/or any other type of injury arising from the use of the materials.

Printed name of Medical Professional or Administrator in Charge:

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Signature of Medical Professional or Administrator in Charge:

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Date:

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Please submit this completed application via email to [info@handsofhopenw.org](mailto:info@handsofhopenw.org). If you are unable to send your completed application via email, please send via US mail using the contact information below. We will contact you when your request has been approved and is ready for you to pick up.