



Donor Information:

Date: _____

Company: _____

Donor/Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Quantities: Computers/Tablets ____ Laptops ____ Monitors ____ Printers ____

Tax Receipt Requested? YES NO

PLEASE LEAVE BELOW CLEAR. FOR WORKSHOP USE ONLY

COMPUTERS/TABLETS						QTY	HD			
BRAND	FORM	I	N	GEN	MODEL #	QTY	Size	GB/TB	SSD	QTY

LAPTOPS						QTY	MONITORS		
BRAND	I	N	GEN	MODEL #	QTY	BRAND	SIZE	QTY	

PRINTERS			QTY	MISC		QTY
BRAND	TYPE	QTY				

HD Quantity: _____

Misc Quantity: _____