



LIMBS FOR LIFE FOUNDATION IN KIND DONATION FORM

Donor Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Signature _____ Date _____

An acknowledgement of your donation will be sent to the address above listing the goods received. Your contribution may be tax deductible; however, Limbs for Life cannot place a value on your items. Thank you for assisting us in providing prosthetic components for amputees who cannot afford them.

**Please complete this form and send form with donated limbs/parts to:
Limbs for Life, 9604 N. May Avenue, Oklahoma City, OK 73120**

The donor listed above has provided the following items at no cost to the Limbs for Life Foundation:

Quantity	Description of Donated Prosthetic Item(s)
	Below Knee (Leg)
	Above Knee (Leg)
	Below Elbow (Arm)
	Above Elbow (Arm)
	Additional parts
	Foot
	Knee
	Hand
	Hook
	Soft Supplies - Unopened, unused only
	Liners
	Socks
	Other: Arm or Leg Parts or Soft Supply Items - Please list

For LFL Office Use:

Received by

Date Received