



**RECEIPT OF DONATION FORM**

SIGN THIS FORM WHEN EQUIPMENT IS DROPED OFF AND RETURN TO RECYCLE COMPUTERS FOR CANCER WITHIN TWO DAYS

As an authorized representative of Scientific and Medical Coalition Against Cancer

I acknowledge receipt/donation of the equipment listed below (or on the attached inventory list for multiple items) as donated to our organization.

Equipment Received:

Date received:

<p><b>SMCAC</b></p> <p>70 Heritage Way</p> <p>Hanover, MA 02339</p> <p>781-789-5413</p>	<p>Donor Name:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p>
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1) What will the equipment be used for?

- Personal use by a client and/or family
- Use by a number of clients in a computer lab/classroom/library setting
- Training in use of computers
- Training in computer repair
- Other: Sold if not usable

2) Where will the equipment be used?

- It will remain in our facility
- It will be distributed for client home use
- It will be distributed to a school or charity
- Other: It will be sold if not usable

3) Who will be using the equipment?

- Children (likely age range of the children \_\_\_\_\_ to \_\_\_\_\_)
- Adults
- People with disabilities
- Staff
- Other: \_\_\_\_\_

Email to: [eric@smcac.org](mailto:eric@smcac.org)

The donor indemnifies and holds SMCAC harmless from any and all liability that may be associated with or arise out of the donated computer and all activities associated with its donation including delivery and disposal.

<http://smcac.org/default.php>  
<http://recyclecomputers4cancer.org/default.php>  
<https://www.facebook.com/smcac.org?filter=2>  
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