

For Prescription Drug Donations
PLEASE COMPLETE ALL OF THE FOLLOWING:

PRESCRIPTION DRUG DONATION

Name of drug: _____

Quantity: _____

Manufacturer: _____

Batch number: _____

Expiration date: _____

(Must be more than 6 months)

Value: _____

We also need a letter stating that the drugs are bona fide drugs (on an official letterhead of some kind).

Email this form to Mary Ellen Kitundu (mkitundu@gmail.com)