



Authorization to Pick-Up Donated Equipment Form

Date: _____

Contact Information

Donated by: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

_____ I confirm the equipment owned by: _____

_____ I confirm that I am the owner (or designated representative of the owner) of this equipment and I have the right to donate to Saving Our Seniors.

_____ I authorize Saving Our Seniors to take possession of the equipment.

Customer Signature: _____

Staff Signature:

Equipment Information

How was the equipment purchased? _____ Private _____ Unsure _____

Type of Equipment: _____

Brand: _____ Model Number: _____

Inventory Number: _____

752 24th Ave N. St Petersburg, FL 33704

727-537-6753 Fax: 727-499-6783

Email: director@savingourseniors.care

www.savingourseniors.care