



## Overlake Command Center Donation Intake Form

Date/Time: \_\_\_\_\_

First Name or  
Organization \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

How to Be Delivered

- Drop Off at OHMC Loading Dock (Note: Notify Distribution) \_\_\_\_\_
- Pick Up (Note: Is Location Same as Above?) \_\_\_\_\_

Donation Type

- Supplies (Ex. Medical or In Support of Response Coordination) \_\_\_\_\_
- Other (Ex. Meals, Support Items of Staff, etc.) \_\_\_\_\_
- Cash or Check Donation \_\_\_\_\_
- \_\_\_\_\_

Description of Donation:

- Please keep my donation confidential

Received By : (Print Name) \_\_\_\_\_

(Sign Name) \_\_\_\_\_