



COVID-19 Response Donation Form

Date: _____

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Item(s) donated: _____

Estimated Value: _____

Note: Per IRS regulations, UW Health is not able to value your donation for you.

UW HEALTH STAFF ONLY

Received by: _____

Phone: _____

Email: _____

Additional Information: _____

Email completed form to: AFCH@uwhealth.org