

## Equipment Donation Form

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Thank you for considering Easter Seals Alberta for your equipment donation. All donations go towards supporting individuals living with physical, cognitive, or medical disabilities, and our generous donors are what allow us to continue to provide for our clients' needs through our Accessibility Supports programs.

**Note:** Due to storage capacity, Easter Seals Alberta is **only** accepting donation requests from clients who are returning used equipment provided to them through the Equipment Loan Program. Any other requests cannot be accommodated at this time.

Please complete all fields below and submit this form along with photos of the equipment to [accessibilitysupports@easterseals.ab.ca](mailto:accessibilitysupports@easterseals.ab.ca).

Date: \_\_\_\_\_

### Donor Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address for Pick Up: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Equipment Information

Type (i.e. scooter, power chair, etc.): \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Age of Equipment: \_\_\_\_\_ Pictures Attached?    Y    N

Serial Number (if applicable): \_\_\_\_\_

Please describe any damages or maintenance needs the equipment may have:

\_\_\_\_\_  
\_\_\_\_\_

Would you like a tax receipt for your donation?:    Y    N

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### OFFICE USE ONLY

Supplier for Pick Up (if applicable): \_\_\_\_\_ Appraisal Amount: \$ \_\_\_\_\_



# Easter Seals Alberta Accessibility Supports

PO Number: \_\_\_\_\_ Date Donation Received: \_\_\_\_\_

Tax receipt sent?:    Y        N

Case Coordinator Name: \_\_\_\_\_