



YAVAPAI REGIONAL  
MEDICAL CENTER

*Proudly Caring for Western Yavapai County*

## COVID-19 Supply Donation Intake Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Item(s) Donated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your donation is greatly appreciated. You will be receiving an acknowledgement letter from the YRMC Foundation to use when filing your taxes.

Please email your completed form to [foundation@yrmc.org](mailto:foundation@yrmc.org).