

Special Donation Request Instructions

A special donation request is any request for medical material aid made by an individual, organization, or institution **in the Pittsburgh area**. Global Links recognizes the importance of projects like yours and works hard to meet as many special requests as possible. Please answer the following questions and return to Global Links so that we may review your request for a donation of supplies. Feel free to call if you have any questions or concerns not covered by these instructions.

NOTE: Special Donations usually consist of disposable supplies. Global Links rarely has medications or durable equipment available for special requests.

1. Your name, title, organization, address, phone numbers, and e-mail address.
2. How were you referred to Global Links?
3. Statement of your individual or organizational mission.
4. How many volunteers are going on your trip? Doctors? Nurses? Med students?
5. Name and address of the healthcare facility that will receive the donation.
6. Name and address of contact person at recipient facility.
7. Who is being served by this facility or program? How many people?
8. What are the dates of your trip?
9. Date by which supplies are needed:
10. List of items (with sizes where applicable) and quantities being requested. Feel free to attach a separate sheet.
11. What type of assistance will you be providing? Please be as specific as possible.
12. How will these medical materials be transported overseas?
13. Any special information or considerations.
14. Will you be able to provide digital photos of the trip for use in Global Links' newsletter?
15. ***Due to the large amount of time it takes the staff to fulfill a Special Donation Request, a minimum donation of \$50.00 is required in exchange for this donation.*** Note: Please contact us if you are not able to pay this donation. In some circumstances a smaller donation or volunteer service can be substituted.

After reviewing your request, we will notify you if we are able to assist your program/mission and to what extent. ***Please allow at least 2-3 weeks for processing. We can not fulfill last minute requests.*** If we are able to help you, we will schedule a pick-up time. After the trip, we will email a brief list of questions to you or your trip coordinator for feedback on the usefulness of the supplies and conditions encountered during the trip. Please provide a name and email for this follow-up:

Global Links works hard to collect and distribute medical materials to people in need. In order to continue doing this work, we rely greatly upon the support of friends like you.

Please mail, email or fax to us your completed request to:

Attn: Jennifer Novelli, Volunteer Program Coordinator
Global Links, 4809 Penn Ave, 2nd Floor
Pittsburgh, PA 15224
Phone 412-361-3424 Fax 412-361-4950
Email: glover@globallinks.org
Website: www.globallinks.org

WAIVER AND ACKNOWLEDGEMENT



Global Links, donates surplus supplies, furnishings and/or equipment, for use in programs of assistance to the needy overseas. Said materials are donated in "as is" condition, without any warranties or representations as to their condition, functions, performance, or safety. The recipient hereby takes full responsibility for their use and waives and relinquishes any present or future claim which it may have against Global Links related in any way to the use of these materials, including but not limited to economic claims based on performance or non-performance of said supplies, claims for personal injuries related to the handling or use of said supplies, and claims related to the subsequent distribution overseas of said supplies.

The recipient further agrees to indemnify GLOBAL LINKS and hold it harmless from any and all third party claims and any damages, judgments, settlements, or costs related to, or arising from its donation of said supplies including but not limited to reasonable attorneys' fees.

I agree to the above statement and release Global Links and related parties from any liability arising from the use of these materials.

Authorized Signature

Name & Title

Recipient Organization

Date

Name of Contact Person

Address

City, State, Zip Code

Phone

E-mail Address