



MINISTRY OF HEALTH

# HEALTHCARE SUPPLIES, PRODUCTS AND MEDICATION DONATIONS

BAHAMAS

Hurricane Dorian Response, 2019



DONOR INFORMATION	
NAME	
ORGANIZATION	
ORGANIZATION TYPE: <input type="checkbox"/> NGO # _____ <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER:	
COUNTRY:	
Date and Time of Offer	dd / mm / yyyy HH:MM
ORGANIZATION PRIMARY CONTACT (HQ)	
NAME:	POSITION:
ADDRESS:	
EMAIL:	PHONE: + country - area - phone number
SIGNATURE	

Kindly complete the attached table.

Item	Description / Restrictions <sup>1</sup>	Expiration Date (If Applicable)	Pick-Up Required? (Y / N) <sup>2</sup>	Quantity	Unit of Measure <sup>3</sup>	Value of Donation (\$) – Approximate
Food Items						
Drinking Water						
Medicines / Pharmaceuticals						
Medical Supplies						
Baby Formula / Food						
Diapers (Adults & Baby)						
Tarps / Plastic Sheeting						
Ice – Dry						
Cleaning Supplies						
Cots						
Bedding / Blankets						
Personal Care Kits						
Towels						
Clothing						
Flashlights / Batteries						
Fuel (Diesel/Gas)						
Vehicle / Transportation						
Money / Financial						
Animal Care						
Housing <sup>4</sup>						
Body bags						
Other (specify)						
Other (specify)						

END OF REGISTRATION FORM

<sup>1</sup> **Description / Restrictions:** Describe the donation offer (e.g., women’s size 10 summer clothes, one bedroom apartment, etc.) and list any restrictions placed on the offer (e.g., only available for 30 days, for use by families only, etc.).

<sup>2</sup> **Pick-Up Required?** See pick-up address above.

<sup>3</sup> **Unit of Measure:** i.e., bottles; boxes; cases; each; gallons; pallets; units. Use only one of these units of measure for each donated item.

<sup>4</sup> **Describe housing type:** i.e., PNP (church, shelter, or similar); apartment; hotel / motel room; private residence; institution / group home; school dormitory; barracks (military or similar); tent or similar temporary structure.