

BABY BUGGY DRIVE DONOR CHECKLIST

DROP OFF DATE: _____

NAME: _____

HAVE YOU DONATED TO Baby Buggy BEFORE? YES NO

What Drive did you participate in? _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

ITEMS DONATED: _____

VALUE: _____ (We suggest declared value should be 50% of retail cost)

NOTES: _____
