



# Returning Office Small Appliances Donation Form

Returning Officer:

Constituency:

Item Donated: *(Check all that apply.)*

- Fridge
- Microwave
- Coffee Maker

Charity Receiving Donation:

RO Signature:

Date:

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## Charity Certification of Receipt of Donated Item

*I certify that I have received the donated item listed above on behalf of the charity receiving this item.*

Authorized Charity Representative:

Name:

Title:

Signature of Authorized Representative:

Date: