



NOTE: A professional appraisal will be required, by the IRS, for all non-cash donations of \$5000 or more.

NOTE: You must include the serial number if you are donating xray machines or xray equipment!!

NOTE: ∞Chairs we cannot accept - SS White, Ritter, MDT, Virginia Chayes, Ritter, Any chair w/oil base or rare parts
 ∞XRAYS we cannot accept - SS White; GE; Midwest; Ritter; Seimans; Yoshida; Panoura; Philips; Sirona OP 10;

This list is subject to change without notice | Cranex 3; Instrumentarium; (Gendex GX older than September 1999); Kodak; J. Morita

∞Misc -No office or reception furniture; operatory cabinets. computers/monitors; fax machines; telephones; copy machines

NOTE: NASDAD cannot accept a donation consisting only of xray heads.

NOTE: There is a \$150 disposal fee for every donated XRAY HEAD, if it is determined it is leaking oil. Determination will be made by the driver, at pick up. The fee is paid directly to the driver. The fee is not paid to NASDAD.

Donor Responsibilities:

- Send a copy of this form to the NASDAD, even if your dental equipment rep indicates he/she will send it.
 Email: nasdad@llu.edu Fax: 909-558-0209 Mail: PO Box 101, Loma Linda, CA 92354
- It is the responsibility of the DONOR to notify the NASDAD office after the donation has been picked up.
- If the donation is where stairs are necessary for removal, with no available elevator, it is **your** responsibility have it relocated to the main floor prior to the arrival of the volunteer for pickup.
- All equipment must be unhooked prior to pick-up. Equipment will not be unhooked by the driver.
- If donating x-ray equipment, donor must make prior arrangements for Radiation Machine Registration paperwork.

Donation Receipt:

The donation receipt is based on this form and will be issued after you or someone from your office notifies the NASDAD office that the donation has been picked up. The receipt is scanned & sent via email and the original will be sent via regular mail.

We would like to donate the following item(s) to dental missions to the National Association of Seventh-day Adventist Dentists (NASDAD). This is a gift with no expectation of reimbursement or transfer of funds.

Quantity	Item Description – if xray, include serial number	Year of Manufacture	Value* *(required)
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*
	Xray? include SN		*

USE ADDITIONAL SHEETS OF PAPER AS NECESSARY

Pickup Fee: A nominal fee may be charged to offset the cost of pick-up and transportation of the donation. The fee is usually for offices located outside of the NASDAD pickup area or for large donations. When you arrange your pickup, you may ask Guillermo or Omar or Hank if there will be a fee so you may plan accordingly.

<u>Office Name</u>		<u>Date</u>
<u>Printed Name – as it should appear on receipt</u>		<u>Email Address</u>
<u>Mailing Address for Receipt</u>		<u>Telephone Number</u>
<u>City/State/Zip for Receipt</u>		<u>Contact Person</u>
<u>Complete Address of Equipment Location</u>	Special Requests or Comments:	
<u>City/State/Zip of Equipment Location</u>	If applicable, please provide the name and email address of dental company representative helping you coordinate this donation.	