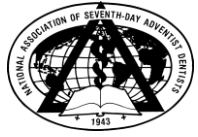


# NASDAD

# LETTER OF INTENT



**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, Dexta, Any chair w/oil base/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 Chemiclaves, office/reception furniture; operatory cabinets. computers/monitors; fax/copy machines; telephones

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

**NOTE:** There is a \$250 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.

**NOTE:** All equipment older than 1995 must be pre-screened. Email a single photo(s) of the item(s) along with this form.

### 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](mailto:nasdad@llu.edu) Fax: 909-558-0209 Mail: PO Box 101, Loma Linda, CA 92354
- Notify the NASDAD office after the donation has been picked up.
- If donation is located up/down stairs, an elevator must be available. Volunteer will not carry items up/down stairs.
- All equipment must be unhooked prior to pick-up. Equipment will not be disconnected 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 – <i>if xray, include serial number</i>	Year of Manufacture	Value* *(required)
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*
	<i>Xray? include SN</i>		*

**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 the volunteer, Moris Cabrera, 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>	<u>Special Requests or Comments:</u>  If applicable, please provide the name and email address of dental company representative helping you coordinate this donation.	
<u>City/State/Zip of Equipment Location</u>		

Office Email: [NASDAD@llu.edu](mailto:NASDAD@llu.edu)

Office Phone: 909-558-8187

Office Fax: 909-558-0209

Website: NASDAD.org

Mailing Address

NASDAD - PO Box 101, Loma Linda, CA 92354