

Donation



Request Form

Hello and thank you for requesting donated goods from NicNac Charities Inc. Please fill in the following form to request donations from us, we are happy to serve you! Please write your address, phone number, and or email address here:

To ensure that you are eligible to receive a donation, you must fit one of the following criteria.

Before proceeding please check the box which best describes you.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Ill |
| <input type="checkbox"/> Youth / College Student | <input type="checkbox"/> New Business |
| <input type="checkbox"/> Needy or Armed Forces Veteran | |

If you have selected a box from above you are eligible to receive a donation from our organization. Please select at least one item that you would like from the options below. Additionally, if you are in need of anything else not listed here, please feel free to write in your desired items and we will match it if possible. Note: all items are new unless listed below.

Physical Location in Storage (Box Number, item, as shown on website):

- | | |
|---|--|
| <input type="checkbox"/> Blanket (Fleece) | <input type="checkbox"/> Toys (Generally) |
| <input type="checkbox"/> Linen Set | <input type="checkbox"/> Video Gaming Chair |
| <input type="checkbox"/> Space Heater | <input type="checkbox"/> Lighting Fixtures |
| <input type="checkbox"/> Pots and Pans (Brand Name) | <input type="checkbox"/> Faucets |
| <input type="checkbox"/> Kitchen Supplies | <input type="checkbox"/> Baby Playpen |
| <input type="checkbox"/> Play-Doh | <input type="checkbox"/> Home Decorations ← Surplus |

To finalize this donation request, **please read and sign the following declaration:**

Upon receiving donated good(s) from NicNac Charities (the charity), I acknowledge that I will not resell, embezzle, steal, transfer ownership, or donate any of these goods to another Non-Profit Organization, and will adhere to any other regulations prescribed by the charity; further, I have no financial conflict of interest with the charity, or any other public or private organization, and that I testify that I am in fact ill, needy, a member or veteran of the armed services, a youth, or a senior citizen as those terms are defined in applicable U.S. Treasury regulations.

APPLICANTS: please sign the top line only.

Printed Name (Recipient)	Signed Name	Date
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Printed Name (Charity Representative)	Signed Name	Date
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NicNac Charities Inc. is a 501(c)3 non-profit organization located in Emmaus, PA. For inquiries related to donation requests, volunteers, or to make a donation yourself call our main office at (610) 844-8258. For IRS verification, FEIN: 81-3787631.