



TechToHelp

Date: _____

DEVICE DONATION

Please complete **legibly** the form to donate your device to a child with epilepsy or autism. ALL information must be completed to receive a confirmation email and a mailed tax-deductible receipt from the Stroup Kids For Kids Foundation.

Contact Information:

Donor First & last name*: _____

Donor Address*: _____

E-mail address*: _____

Phone Number*: _____

Donated/Recycled Devices (i.e. Tablets, Phones):

Quantity:

Item:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



STROUP
KIDS FOR KIDS
EPILEPSY FOUNDATION
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