



**SAVING OUR SENIORS**  
SERVING AND EMPOWERING  
TAMPA BAY SENIORS

**AUTHORIZATION TO PICK UP  
DONATED EQUIPMENT**

Date: \_\_\_\_\_

***CONTACT INFORMATION***

Donated by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ I confirm the equipment owned by:

\_\_\_\_\_ I confirm that I am the owner (or designated representative of the owner) of this equipment, and I have the right to donate to Saving Our Seniors.

\_\_\_\_\_ I authorize Saving Our Seniors to take possession of the equipment.

Customer Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

***EQUIPMENT INFORMATION***

How was the equipment purchased? \_\_\_\_\_

\_\_\_\_\_ Private      \_\_\_\_\_ Unsure

Type of Equipment: \_\_\_\_\_

Brand: \_\_\_\_\_ Model Number: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

Please Return form to:

Email: [director@savingourseniors.care](mailto:director@savingourseniors.care)

Fax: 727.499.6783

Mail: 2309 60th Drive E Bradenton FL 34203