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1448 10<sup>th</sup> Avenue, Suite 100, Huntington, WV 25701 – 304-529-0753 – <https://emohealth.org/>

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### Medication Donation Form

Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_

Donor Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Donation \_\_\_\_\_

Medication Name	Strength (e.g. "10mg")	Quantity (e.g. Total # of Items/Pills)

By signing my name below, I confirm that these drugs have been properly stored in accordance with the manufacturer’s recommendations. I have removed or redacted any patient name, prescription number, and/or other patient identifying information on the drugs.

Donor Signature: \_\_\_\_\_

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Valuation of donated medications and supplies is the responsibility of the donor. Visit the IRS website for guidance. Ebenezer Medical Outreach, Inc. is a 501c3 organization.

Pharmacy Staff Only: *Initial Each*

\_\_\_\_\_ Reviewed expiration date

\_\_\_\_\_ Not controlled substances

\_\_\_\_\_ Tamper evident packaging