

Helping Hands Program Donation Form

Donor:	Manager/Chief:		
Address:		Contact Person:	
		Telephone:	
I do not wish to design	ate a recipient.	I wish to de	esignate a recipient.
Item/Description	Quantity	Estimated Value	Designated Recipient* (And Quantity to Receive)
*The specified recipient must claim their designated recipient does not claim the of first available recipient per the standard p	lonation within three		
l would	like this donatio	n to be: Public Priva	ute
Donor Signature:			Date:
Texas A&M Forest Service Signature:			Date:
Submit via Mail or Fax: Texas A&M Forest Service Capacity Building Department 481 Texas Forest Service Loop			For More Information: Call: (936) 639-8100 Email: helpinghands@tfs.tamu.edu

Please attach more pages if needed.

Building A456 Lufkin, TX 75904 Fax: (936) 639-8183

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