



## GIFT OPPORTUNITY FORM (OTHER THAN TRAVEL)

The Geneva Foundation wishes to continue our support of U.S. Military Medical Centers and offers to assist with appropriate funding needs. In response to your upcoming needs, please provide the following information.

**Please send completed forms to Laurel Harstad at [lharsstad@genevausa.org](mailto:lharsstad@genevausa.org)**

BASIC INFORMATION			
Contact Name:		Military Rank:	
Phone:		Email:	
Fax:			
Shipping Address:		City/State:	
		Zip Code:	

ORDER INFORMATION			
<i>Please attach order information, if available.</i>			
Item Name:		Distributor:	
Item Number:		Distributor Contact:	
Quantity:		Distributor Phone:	
Item will Reside at:		Distributor Email:	
		Distributor Fax:	
Estimated Cost :			
<i>Please include shipping and tax</i>			
Proposed Use of Item:			
<i>If opportunity is an educational event, please provide date of event and expected number of attendees.</i>			
Comments/Special Instructions:			

ACKNOWLEDGEMENT			
<i>Request is valid only with Acknowledging Authority signature or an attached memo from the P.I. or their designee.</i>			
Reserve Acknowledging Authority/ Principal Investigator/ Designee Printed:			
Reserve Acknowledging Authority/ Principal Investigator/ Designee Signature:		Date:	