# COMMUNITY INITIATIVES CONCERN

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**E-mail**: info@cinco.ngo **or Website:** www.cinco.ngo

## IN-KIND GIFTS DISPATCH DETAILS FORM

| | | | | | |
|---|---|---|---|---|---|
| **NAME OF DONOR** | | | | | |
| **COUNTRY** | | **STATE/DISTRICT** | | | |
| **PHONE NUMBERS** | **1.** | | **2.** | **3.** | |
| **EMAIL ADDRESS** | | | | | |
| **FULL POSTAL ADDRESS** | | | | | |
| **PHYSICAL ADDRESS DETAILS** | | | | | |
| **GIFT USE CONDITIONS** | | | | | |
| **SHIPMENT COST PAYMENTS** | **PAID BY DONOR** | | | | |
| | **RECIPIENT (CINCO) TO PAY** | | | | |
| **DISPATCH DOCUMENTS DETAILS/REFERENCE NO.** | | | | | |
| **DATE OF DISPATCH** | | | | | |

| REFERENCE NO | ITEMS TYPES | DESCRIPTION | TOTAL QUANTITY |
|---|---|---|---|
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**NOTE: 1. Fill and post direct OR**

**2. Scan and Email to donorcare@cinco.ngo**

**3. Make more lines to fill if you have more gifts than can't be accommodated in the spaces provided**

**OFFICIAL STAMP**
**(Optional)**

**SIGN: _____**

**DATE: _____**